

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # L68113**

**(4)**

**1. Corporation Name  
DILIDO, INC.**



**Principal Place of Business**

**180 NE 39 ST  
PLAZA 2 SUITE 107  
MIAMI FL 33137**

**Mailing Address**

**180 NE 39 ST  
PLAZA 2 SUITE 107  
MIAMI FL 33137-3641**

**3. Date Incorporated or Qualified  
04/24/1990**

**3a. Date of Last Report  
06/13/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**21. Suite, Apt. #, etc.**

**26. Suite, Apt. #, etc.**

**22. City & State**

**27. City & State**

**23. Zip**

**Country**

**28. Zip**

**Country**

**24. Zip**

**Country**

**29. Zip**

**Country**

**4. FEI Number  
65-0187057**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**

**\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**

**Yes**  **No**

**p. Name and Address of Current Registered Agent**

**WIENER, GRAZIG  
180 NE 29 ST  
PLAZA 2 #107  
MIAMI FL 33137**

**10. Name and Address of New Registered Agent**

**81. Name**

**82. Street Address (P.O. Box Number is Not Acceptable)**

**83.**

**84. City**

**FL**

**85. Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**  **DELETE**  
**NAME** **PTD WIENER, GRAZIA**  
**STREET ADDRESS** **28 W DILIDO DR**  
**CITY - ST - ZIP** **MIAMI BEACH FL**

**1.1 TITLE**  **Change**  **Addition**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

**TITLE**  **DELETE**  
**NAME** **D WIENER, SEYMOUR J**  
**STREET ADDRESS** **28 W DILIDOR**  
**CITY - ST - ZIP** **MIAMI BEACH FL**

**2.1 TITLE**  **Change**  **Addition**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

**TITLE**  **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**3.1 TITLE**  **Change**  **Addition**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

**TITLE**  **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**4.1 TITLE**  **Change**  **Addition**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

**TITLE**  **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**5.1 TITLE**  **Change**  **Addition**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

**TITLE**  **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**6.1 TITLE**  **Change**  **Addition**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY - ST - ZIP**

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:**

*Grazia Wiener*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*5/22/97 (305) 513 1200*  
**Date** **Daytime Phone #**

CR2E034 (9/96)