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

**PROFIT** CORPORATION ANNUAL REPORT 1999

Corporation Name



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90214 050 \*\*\*150.00

D.E. GID	OI & ASSOC., CORP.								
Principal Plac	e of Business	Mailing Address				i ikaisani sia tiana sitta sasia aitaa sisi aini	Astist Athur a	I(21) BII	HI 41911 1991
3372 CORAL WAY 3372 CORAL WAY									
MIAMI FL 33145 MIAMI FL 33145						DO NOT WRITE IN THIS SPACE			
us U\$						Date Incorporated or Qualifed			
						11/27/1985			
2. Principal Place of Business 2a. Mailing Address									lied For
21 26						59-2612148	Not Applica		
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.			\$8.75 Add				
22		27	<b>–</b>			5. Certificate of Status Desired Fee Required			uired
City & Stat	e	City & State				6: Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Add	ded to	Fees
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year to		_	
24		29	30			Personal Property Tax.	Yes	[	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
O/Pi	DOMINOO F			81	Name				
GIDI, DOMINGO E.				82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
	2 CORAL WAY								
MIAI	MI FL 33145		i	83					
			-	84	City		85	Zip C	ode
			ļ		•	rporation submits this statement for the purpose of	- l L		
agent. I a	m familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered			DATE		0.00	
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A			Addition
TITLE	PST	☐ DELETE		1.1 TITLE			☐ Cha	iige	
NAME	GIDI, DOMINGO E.		1.2 NAME		Ì				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	70 417 1		_	1.4 CITY-ST-ZIP			Cha	000	Addition
TITLE	D	1		2.1 TITLE				rige	
NAME	GIDI, DOMINGO E.		2.2 NA						
STREET ADDRESS	3372 CORAL WAY			2.3 STREET ADDRESS					1
CITY-ST-ZIP	MIAMI FL  VD DELETE			2.4 CITY-ST-ZIP			Cha	nge	Addition
TITLE	*P		3.1 TII		İ				
NAME	GIDI, LILA				ADDDECO				
STREET ADDRESS	3372 CORAL WAY				ADDRESS				
CITY-ST-ZIP	P**		~	3.4. CITY-ST-ZIP			☐ Cha	inge	Addition
TITLE	TD	C occuse	4.1 III					•	
NAME	DONNELL, OCTAVIO J. 3372 CORAL WAY				ADDRESS				
STREET ADDRESS					1				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CF 5.1 TH		-217		☐ Cha	ınge	Addition
TIRE		_ 5000,0	5.2 NA					-	_
NAME					ADDRESS				
STREET ADDRESS			5.4 CF		1				
CITY-ST-ZIP		☐ DELETE	6.1 TII				☐ Cha	inge	Addition
TITLE	Į.	_ 500010	6.2 NA				_	-	
NAME OTDEET ADDDESS					ADDRESS				
STREET ADDRESS			6 4 CF						
CITY-ST-ZIP									

14. I 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 archment with an address, with all other like empowered.

SIGNATURE:

| Date | Daytime Phone #