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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M54328

DILIDO NOVELTY CORP.

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90101 007 ***150.00



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Principal Place	e of Business	Mailing A	ddress				A INDIDALE INE TIEN GENNA HEEN HOOD INTO HAVE	 	BIO)I 07911 1801
·	LERMAN P.A.	C/O LERMAN & LERMAN P.A.					· ·		
48 E FLAGLER ST PH-101 48 E FLAGLER ST			SLER ST PH-101						
MIAMI FL 33131 MIAMI FL 33131			33131	•			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 06/23/1987		
2. Principal P	lace of Business	2a. Mailin	g Address			-	4. FEI Number	A	oplied For
21	•	26					59-2815769	N	ot Applicable
Suite, Apt.	#, etc. :-	Suite,	Apt. #, etc.				5. Certificate of Status Desired		Additional
22	·	27					0.		equired
City & State	e ,	City 8	State			مر <i>س</i> ته تبریتسین	6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Žip	r	Cou	ntry		8. This corporation owes the current year		□No
24	25	29		30			Personal Property Tax.	Yes	<u> </u>
	9. Name and Address of Curre	nt Registered /	Agent		81	Name	10. Name and Address of New Register	eu Agent	
ממול	ER, MAURICIO				0'	Name	•		
) N SHORE DR				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1	M BCH 33141								
MIAN	WI DUN 33141				83				
					84	City		85 Zip	Code
	-				<u> </u> _			L 00 =	sociatored
office or o	egistered agent or both in the State	of Florida, Suc	h change was au	uthorized	ו עם ו	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	n 607.0505, Flor	ida Stat	utes.				
SIGNATURE	<u></u>						ed when reinstating) DATE		[
	Signature, typed or printed name of registered age			Registered	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
<u>12.</u>		ND DIRECTOR	·	13.			ADDITIONO/CITATIONED TO OIT TOETIO	71170 01.100.	
			DELETE	1171	ΠF	I		☐ Change	☐ Addition
TITLE	DP MAUDICIO		DELETE	1.1 TI			· · · · · · · · · · · · · · · · · · ·	☐ Change	
NAME	ZIPPER, MAURICIO		DELETE	1.2 N	ME	ADDESS		Change	
NAME STREET ADDRESS,	ZIPPER, MAURICIO 1090 N SHORE DR		DELETE	1.2 N/ 1.3 ST	ME REET	ADDRESS		☐ Change	
NAME STREET ADORESS, CITY-ST-ZIP	ZIPPER, MAURICIO 1090 N SHORE DR MIAMI BCH FL			1.2 NA 1.3 ST 1.4 CF	ME REET TY-ST			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP	ZIPPER, MAURICIO 1090 N SHORE DR MIAMI BCH FL DVPS		☐ DELETE	1.2 NA 1.3 ST 1.4 CF 2.1 TF	ME REET TY-ST				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ZIPPER, MAURICIO 1090 N SHORE DR MIAMI BCH FL DVPS ZIPPER, ROSA			1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA	TREET TY-ST TLE AME	-ZIP			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ZIPPER, MAURICIO 1090 N SHORE DR MIAMI BCH FL DVPS ZIPPER, ROSA 1090 N SHORE DR			1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	REET TY-ST TLE WE TREET	-ZIP ADDRESS			☐ Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: