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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000029976 (6)

SIDOR INVESTMENTS INC.

Principal Place of Business	Mailing Address	
10841 S.W. 68TH DRIVE MIAMI FL 33173	10641 S.W. 68TH DRIVE MIAMI FL 33173	
2. Principal Place of Business	2a. Mailing Address	
21	26	

FILED May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1993 Applied For 65-0427611 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **DELGADILLO. HERNAN** 10841 S.W. 68TH DRIVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 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 Fiorida. 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PD 1.1 TITLE Change Addition NAME **DELGADILLO, HERNAN E** 1.2 NAME 10841 S.W. 68TH DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Addition **SD** 2.1 TITLE Change NAME **QUINONES, DORIS** 2.2 NAME 10841 S.W. 68TH DR. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE VD 3.1 TITLE ☐ Change Addition HAME **DELGADILLO. JAIME** 3.2 NAME 201 AMBERFILLE LANE STREET ADDRESS 3.3 STREET ADDRESS **GAITHERSBURG MD** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition DE WOLFF, MARIA C NAME 4. 2 NAME CALLE 67 #735 APT. 201 STREET ADDRESS 4.3 STREET ADDRESS **BOGOTA, COLOMBIA** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 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 expression of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address

Harley