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

FILED May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P430000 743/6 CARIDO CORPORATION Principal Place of Business Mailing Address 9 DOVERPLUM CENTER DO NOT WRITE IN THIS SPACE Poinciana FLORIDA 34759 3. Date Incorporated or Qualified DUTOBER 21 1993 2, Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3212216 Applied For 26 Not Applicable Suite, 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 Added to Fees Trust Fund Contribution Zip Country Žiρ Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IOMS DAVIES 82 Street Address (P.O. Box Number is Not Acceptable) 2903 ELDIENTE WAY 83 KISSIMMEE FLOUDA 34758 64 City 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, Plorida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT/DIRECTOR TITLE DELETE 1.1 TITLE Change Addition IOMS DAVIES 2903 ELDIENTE WAY NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Kusimmer Francia 34758 VPRESIDENT/DIRECTOR CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition CAROLYN DAVIES NAMÉ 2.2 NAME 2403 ELDIENTE WAY STREET ADDRESS 2.3 STREET ADDRESS KUSIMMEE FLOWER 34758 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

***150.00 6.4 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 attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

500002536265 -05/27/98--01029--018

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP