

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040617 (9)

1. Corporation Name

FIDA HOLDING, INC.



Principal Place of Business

Mailing Address

360 GRECO AVE.
SUITE 207
CORAL GABLES FL 33146

360 GRECO AVE.
SUITE 207
CORAL GABLES FL 33146

3. Date Incorporated or Qualified 05/23/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 330 GRECO AVE

26 330 GRECO AVE

4. FEI Number NOT YET RECEIVED
Applied For ☒ Not Applicable ☐

Suite, Apt #, etc.

Suite, Apt #, etc.

22 104

27 104

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33146

25 USA

29 33146

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZERBONE, ALESSANDRO
360 GRECO AVE.
SUITE 207
CORAL GABLES FL 33146

81 Name RIVIERA, INC
82 Street Address (P.O. Box Number is Not Acceptable) 330 GRECO AVE S
83 SUITE 104
84 City CORAL GABLES FL 85 Zip Code 33146

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, 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 resigning)

DATE

6/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FIAMBERTI, EUGENIO
STREET ADDRESS 1420 S. BAYSHORE DR., #420-E
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME MOLLE, ALSO D
STREET ADDRESS 1420 S. BAYSHORE DR., #420-E
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6 (46 (305) 461-3244)

CR2E034 (3/96)