## FILE 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90194 039 \*\*\*150.00

## 

DOCUMENT # P96000013090  1. Corporation Name	
CUIDAO HOLDING CORP.	
	i i <b>i i i i i i i i i i i i i i i i i </b>

Principal Place	e of Business	Mailing Address				. , , , , , , , , , , , , , , , , , , ,				
3201 W. GRIFFI	N ROAD	3201 W. GRIFFIN ROAD								
SUITE 204		SUITE 204		DO NOT WRITE IN THIS SPACE						
FT. LAUDER()AL	LE FL 33312-6900	FT. LAUDERDALE FL 33312-6900		3 Date ir corporat	3. Date ir corporated or Qualified					
						02/12/1996				}
2 Dringing Di	ace of Business	2a. Maiting Address				4. FEI Number			TA	oplied For
		- T				65-0639616				ot Applicable
21 2951 Simms Street Suite, Apt. #, etc.		26 2951 Simms Street						<del></del>	Additional	
	#, etc.	27				5. Certifcate of Sta	itus Desired		•	ec uired
City & State		City & State				6. Electio 1 Campa	ion Financino		\$5.00	May Be
23 Holly		├─ <b>┐</b> ´	rL.			Trust Fund Con	•			tc Fees
Zip	Courtry	Zip Zip	Count	try		8. This corporation		nt vear intai	naible	
<b>-</b>		29 33020-151030	1	sa_		Persor at Prope		-	∐Yes	i⊋No
<u> 24 33020-</u>	9. Name and Address of Current		LU.	5A_		10. Name and Add		egistered A	gent	
	v. Marina diversity				ame					
MAG	DYCZ, EDWARD L		_	C	<u>Mi</u>	chael Fish	er	1-1		
	W GRIFFIN RD					dress (P.O. Bo) Number is Not Acceptable)				
	E 204		1	83	951	<u>Simms Stre</u>	<u> </u>			
-	AUDERDALE FL 33312									
	NODE (DITE I E OOVIE		[8	84 C	ty			FL	85 Zip	
	to the provisions of Sections 607.0502			H	olly	wood	tement for the	. –	1 330	
office or r	edistered agent or both in the State (4	Florida, Such change was author	orizea i	ov ine	corporati	ion's board of directors.	t hereby accept	the appoint	ment as re	egistered
agent. I a	m familiar with, and accept the obligat	ons of Section 607.0505, Florida	Statut	ies.						i
SIGNATUF:E	X C Michael -	est from	<u>C.</u>	<u> Mi</u>	<u>chae</u>	el Fisher ed when reinstating)	<u>4/19/9</u>	DATE		
	Signature, typed of printed name of registered agent of OFFICERS AND		13.	gent sign	ature red in	ADDITIONS/CHA	NGES TO OFF		DIRECTO	DIRS IN 12
12.		DELETE	1.1 TITL	F		7,55111,5715,571			Change	Addition
TITLE	PD C MICHAEL		1 2 NAM							
NAME	FISHER, C. MICHAEL			EET ADD	ncee					
STREET ADDRESS	3201 W GRIFFIN RD, STE 204									
CITY-ST-ZIP	FT LAUD FL 33312	DELETE	2.1 TITL	r-ST-ZIP					Change	Addition
TITLE	SD	× Decem								_
NAME	MAGDYCZ, EDWARD L		2.2 NAM							
STREET ADDRESS	1800 BAYBERRY DR			EET ADD						
CITY-ST-ZIP	PEMBROKE PINES FL 33024	El poi exe		Y-ST-ZIF	<u> </u>		<del> </del>		[ ] Change	Addition
TITLE	D	☐ DELETE	3.1 TITL						onlingo	
NAME	HORNIK, FRANCIS J		3.2 NAM							
STREET ADDRESS	3201 W GRIFFIN RD, STE 204		3.3 STR	REET ADD	RESS					
CITY-ST-ZIP	FT LAUD FL 33312			Y-ST-ZIF	<u> </u>				Change	Addition
TITLE		☐ DELETE	4 1 TITL						Change	Addition
NAME			4 2 NAI	ME						ł
STREET ADDRESS			43STR	REET ADO	RESS					ļ
CITY-ST-ZIP			4.4 CITY	Y-ST-ZIP						774455
TITLE		☐ DELETE	5.1 TITL						☐ Change	☐ Addition
NAME			5.2 NAW							
STREET ADDRESS			5.3 STR	REET ADD	RESS					ļ
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL	.E					Change	☐ Addition
NAME			6.2 NAN	ΛE						
STREET ADDRESS			6.3 STR	REET ADD	RESS					
CITY-ST-ZIP			6.4 CITY	Y-ST-ZIP						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 change 1, or on an attachment with an address, with all other like empowered.

SIGNA THE WID TYPE OF PRINTED HATTE OF SIGNING OFFICIER OR DIRECTOR

C. HICHCEL FISHET 4 14 99 (954) 924-0047

Date Daytume Phone # SIGNATURE: <u>人</u>