

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 022 ***150.00

DOCUMENT # P96000055141

1. Corporation Name

CUIDAO (USA) IMPORT CO., INC.

Principal Place of Business

**3201 WEST GRIFFIN ROAD, SUITE 204
FORT LAUDERDALE FL 33312**

Mailing Address

**3201 WEST GRIFFIN ROAD, SUITE 204
FORT LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

65-0675653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2951 Simms Street
Suite, Apt. #, etc.

2a. Mailing Address

26 2951 Simms Street
Suite, Apt. #, etc.

City & State

23 Hollywood, Florida
Zip Country

City & State

28 Hollywood, Florida
Zip Country

24 33020-1510 25 USA

29 33020-1510 USA

9. Name and Address of Current Registered Agent

**MAGDYCZ, EDWARD L
3201 W GRIFFIN RD #204
FT LAUDERDALE FL 33312**

81 Name

C. Michael Fisher

82 Street Address (P.O. Box Number is Not Acceptable)

2951 Simms Street

83

84 City

Hollywood

FL

85 Zip Code
33020

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, Florida Statutes.

SIGNATURE

C. Michael Fisher

C. Michael Fisher

4-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOT for Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD
FISHER, C. MICHAEL
1717 JERYMN LN
VA BEACH VA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**SD
MAGDYCZ, EDWARD L
1800 BAYBERRY DR
PEMBROKE PINES FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D
HORNICK, FRANCIS J. J
3307 CRICKET HOLLOW LN
CHESAPEAKE VA**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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:

C. Michael Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Michael Fisher

4-19-99

(954) 924-0047

Date

Daytime Phone #

CR2E034 (11/98)