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

DOCUMENT # P96000067056 1. Corporation Name

OLIDER, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90194 005 ***158.75



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Principal Place of Business Mailing Address											
7258 NW 70 ST. 7258 NW 70 ST.						Ì					
MIAMI FL 33166 MIAMI FL 33166							DO NOT WRITE IN THIS SPACE				
						<u> </u>	3. Date Incorporated or Qualifed				
							08/09/1996				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		I	pplied For	
			26)	65-0683644			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional	
22			7			ļ :	5. Certifcate of Status Desired	Œ		equired	
			City & State	State			6. Election Campaign Financing		\$5.00	May Be	
23						Trust Fund Contribution			to Fees		
Zip Country Zip			Country			8. This corporation owes the curr	ent vear Inta	angible			
24	25	29	·	30		1	Personal Property Tax.	, , , , , , ,	Yes	□No	
24		dress of Current Regis		- 		1	0. Name and Address of New F	Registered	Agent		
		<u></u>		81	Name	e			<u> </u>		
NIRO), Claudio			82		A A d d	(200				
7258 NW 70 ST.					Stree	R Address	(P.O. Box Number is Not Accepta	aule)		}	
MIAMI FL 33166					 						
				84	City			FL	85 Zip	Code	
- 44 - 5	- u	4' COZ 0E00 4	207 1500 Florida Statut	a the cha	(0 nome)	d comorat	ion submits this statement for the		changing its	s registered	
office or re	eaistered agent, or bo	oth, in the State of Flori	ida. Such change was a f, Section 607.0505, Flor	uthorized by	/ the corp	poration's	board of directors. I hereby accep	ot the appoin	ntment as r	egistered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						e required whe	an reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTI	ORS IN 12	
12.	0	OFFICERS AND DIRE	DELETE	13.			ADDITIONS/CHANGES TO OF	FIOENS AN	Change		
TITLE	_										
NAME	NIRO, CLAUDIO			1.2 NAME		ا					
STREET ADDRESS	7258 NW 70 ST.			4	T ADDRESS	5				Į.	
CITY-ST-ZIP	MIAMI FL 33166		Deter	1.4 CITY-	ST- ZIP	┽			Change	☐ Addition	
TITLE			☐ DELETE	2.1 TITLE					Change	Addition	
NAME				2.2 NAME)				Ì	
STREET ADDRESS					TADDRES	5					
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP				- Change	□ Addition	
TITLE			☐ DELETE	3.1 TITLE		ŀ			Change	Addition	
NAME				3.2 NAME						İ	
STREET ADDRESS				3.3 STREE	ET ADDRES	s				Ì	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					F A Luc	
TITLE			☐ DELETE	4.1 TITLE		-			Change	Addition	
NAME				4, 2 NAME						ľ	
STREET ADDRESS				4.3 STREE	T ADDRES	s					
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	1					
TITLE			☐ DELETE	5.1 TITLE		_			☐ Change	Addition	
NAME				5.2 NAME						ļ	
STREET ADDRESS				5.3 STREE	TADDRES	s				1	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME				6.2 NAME						Í	
STREET ADDRESS				6.3 STREE	T ADDRESS	s				ļ	
CITY-ST-ZIP				6.4 CITY-	ST-ZIP	1					
	L						·				

14. 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 sustee 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: