Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007817

1. Corporation Name

DILIDO SOUND, INC.

| | · | | | | | | | | | | |
|---|---|--------------------------|-----------------------------|--|---|--|--|-------------------|---|--|----|
| Principal Place of Business Mailing Address | | | | | | | - 1 (88((83) (10)81); 100() 00)((80 | iti Mbrit Adirt I | | | |
| 420 LINCOLN ROAD | | 109 FIRST TERRACE DILIDO | | | | | | | | | |
| 603 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 | | | | | | DO NOT WRI | re in this | SPACE | | | |
| US BEACH I | FL 33139 | | | | - | | 3. Date incorporated or Qualifed | L IIV IIIIO | 01,7102 | | Ī |
| | • | | | | | | 01/21/1997 | | | | |
| 2. Principal Pl | lace of Business | 2a. Ma | ailing Address | | | | 4. FEI Number | | Ar | plied For | 1 |
| 21 | | 26 | | | | | 65-0719841 | | No | t Applicable | |
| Suite, Apt. | #, etc. | Su | uite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | \$8.75 | | |
| 22 | <u></u> | 27 | | _ | | | J. Ochmode of Clares Comes | | Fee Re | | |
| City & State | е | L Ci | ity & State | | | | 6. Election Campaign Financing | | \$5.00 | - | |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip | Country | Zij | Р | Cou | ингу | | This corporation owes the curr Personal Property Tax. | ent year int | angible Ves | □No |]. |
| 24 | 9. Name and Address of Curre | 29 | ed Azent | 30 | Ι | | 10. Name and Address of New F | legistered / | | | |
| | 9. Name and Address of Curre | int register | - | | 81 | Name | (6, | | | | Ì |
| CUR | ICIO, ARMANDO | | | | | 01 | (D.O. Barry Niverbox in Not Apports | blol | | _ | |
| 109 | FIRST TERRACE DILIDO | | | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | ible) | | | |
| MIAN | MI BEACH FL 33139 | | | | 83 | | | | | | |
| | | | | | 84 | City | | | 85 Zip | Code | 1 |
| · . | | | | | | City | | FL | . ' | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607 | 1508, Florida Statut | tes, the a | bove | -named corpo | pration submits this statement for the n's board of directors. I hereby accept | purpose of | changing its | registered: - | = |
| agent. I a | m familiar with, and accept the obliga | ations of, Se | ection 607.0505, Flo | rida Stati | utes. | ine corporation | ins board of directors. Thereby accep | t tile appoi | mmem as re | giotoroo | |
| - | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | | • | _ | i Ageni | it signature required | | DATE | ID DIRECTO | | 1 |
| 12. | OFFICERS AN | | ORS | 13. | | | when reinstating) ADDITIONS/CHANGES TO OF | | | DRS IN 12 | |
| 12. | OFFICERS AF | | • | 13. | TLE | | | | ID DIRECTO | | |
| 12. TITLE NAME | OFFICERS AND CURCIO, ARMANDO | | ORS | 13. 1.1 TI 1.2 N/ | TLE AME | it signature required | | | | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND CURCIO, ARMANDO 109 FIRST TERRACE DILIDO | | ORS | 13. 1.1 TI 1.2 NA 1.3 ST | TLE AME TREET | t signature required | | | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND CURCIO, ARMANDO | | ORS | 13. 1.1 TI 1.2 NA 1.3 ST | TLE AME TREET | t signature required | | | | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND CURCIO, ARMANDO 109 FIRST TERRACE DILIDO | | ORS DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI | TLE AME TREET TY-ST TLE | t signature required | | | ☐ Change | ☐ Addition | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND CURCIO, ARMANDO 109 FIRST TERRACE DILIDO | | ORS DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ | TLE AME TREET TY-ST TLE AME | t signature required | | | ☐ Change | ☐ Addition | |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND CURCIO, ARMANDO 109 FIRST TERRACE DILIDO | | ORS DELETE | 13. 1.1 TI 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST | TLE AME TREET TY-ST TLE AME TREET | ADDRESS | | | ☐ Change | ☐ Addition | |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND CURCIO, ARMANDO 109 FIRST TERRACE DILIDO MIAMI BEACH FL 33139 | | ORS DELETE DELETE | 13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV | TLE AME TREET TLE AME TREET TREET TITY-ST | ADDRESS | | | ☐ Change | Addition | |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURCIO, ARMANDO 109 FIRST TERRACE DILIDO MIAMI BEACH FL 33139 | ND DIRECT | ORS DELETE DELETE DELETE | 13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI | TLE AME IREET TLE AME IREET TLE AME IREET ITLE AME IREET ITLE AME IREET ITLE AME IREET ITLE | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP | | | ☐ Change☐ Cha | Addition Addition Addition 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 chapter 607, on the receiver of the corporation of the receiver of the corporation of the receiver or trustee empowered. indicated on this annual report or supplemental annual reportion or the receiver or trusted Block 12 or Block 13 if changed, of ordan attachment with a

SIGNATURE: 4