

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 # P97000019761

Corporation Name
ANTDIA CORPORATION

Principal Place of Business

8567 CORAL WAY
SUITE 343
MIAMI FL 33155
US

Mailing Address

8567 CORAL WAY
SUITE 343
MIAMI FL 33155
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90029 045 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

65-0732467

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

2. Principal Place of Business

21 299 Alhambra Cir.

Suite, Apt. #, etc.

22 SUITE 416

City & State

23 CORAL GABLES FL

Zip

24 33134

Country

25 MIAMI-DADE

2a. Mailing Address

26 299 Alhambra Cir.

Suite, Apt. #, etc.

27 SUITE 416

City & State

28 CORAL GABLES FL

Zip

29 33134

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

YANNELLI, ANTONIO
2070 SW 122 AVE
#30
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME YANNELLI, ANTONIO

STREET ADDRESS 8567 CORAL WAY, SUITE 343

CITY-ST-ZIP MIAMI FL 33155

TITLE SD ☒ DELETE

NAME LUCAS, EUGENIO

STREET ADDRESS 1445 SW 122 AVE, #7

CITY-ST-ZIP MIAMI FL 33184

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition

1.2 NAME ANTONIO YANNELLI

1.3 STREET ADDRESS 2070 SW 122 AVE #30

1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME JOSE LOIS CASTELLANOS

2.3 STREET ADDRESS 2250 SW 14 AVE.

2.4 CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 305-461-1819

CR2E034 (11/98)

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