

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000032975 (9)**

1. Corporation Name
CIDALIS MODAS USA, INC.

Principal Place of Business

Mailing Address

**19355 TURNBERRY WAY, #7B
AVENTURA FL 33180-0000**

**19355 TURNBERRY WAY, #7B
AVENTURA FL 33180-0000**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|----------------|---------------------|--------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/11/1997 | |
| 21 1847 NW 20th Street | 26 | Suite, Apt. #, etc. | | 4. FEI Number 65-0743687 | Applied For Not Applicable |
| 22 | City & State | | 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Miami, Florida | 28 | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 33142 | 25 Dade | 29 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| MEDINA, OLGA M 1210 S.W. 138TH AVENUE MIAMI FL 33184 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 3701 NE 200th Street | |
| | | | | 83 | |
| | | | | 84 City Miami FL 85 Zip Code 33180 | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERREIRA DE OLIVEIRA, MARIA C | 1.2 NAME | |
| STREET ADDRESS | 19355 TURNBERRY WAY, #7B | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVEZ, ARMINDO | 2.2 NAME | |
| STREET ADDRESS | 19355 TURNBERRY WAY, #7B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDINA, OLGA M | 3.2 NAME | |
| STREET ADDRESS | 1210 SW 138TH AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33184 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: 

4/27/98 305 324-8090

CR2E034 (10/97)