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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046271 (7)

**DIDESSA CORPORATION** 

Principal Place of Business

Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



3007 DE SOTO BLVD 3007 DE SOTO BLVD **CORAL GABLES FL 33134** CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 2a. Mailing Address Applied for 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PADIAL, JOSE ! 999 PONCE DE LEON #715 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City 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, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.11010 Change MARQUES, DIAMANTINO NAME 1.2 NAME 3007 DE SOTO BLVD STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY - ST- Z(P DELLIE Change Addition TITLE 21 THIE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY- ST-7IP CITY-ST-ZIP DELETE \_\_\_\_ Change Addition TITLE 3.1.19LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY - ST- ZIP DELFTE Change Addition TITLE 4.1 111116 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 C/1Y-SI-ZIP Change DELETE \_\_\_ Addition 51 1HU TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELFTE Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 supplied and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted 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 or an attractional with an address

6.3 STREET ADDRESS

6.4 CITY - ST - 7IP

STREET ADDRESS

CITY-ST-ZIP

1-8.80 (20c) UUL POIN