

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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90081 022 \*\*\*150.00

DOCUMENT # A97000063791

1. Corporation Name

INDUSTRIDE CORPORATION

Principal Place of Business

1218 NW 126 TERRACE  
SUNRISE, FL. 33323

Mailing Address

1218 NW 126 TERRACE  
SUNRISE, FL. 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/97

2. Principal Place of Business

21 1218 NW 126 TERRACE

2a. Mailing Address

26 1218 NW 126 TERRACE

4. FEI Number

65-076 8828

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 SUNRISE, FLORIDA

City & State

28 SUNRISE, FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip Country

24 33323 25 US

Zip Country

29 33323 30 US

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name ANTONIO C. M. GUIMARAES

82 Street Address (P.O. Box Number is Not Acceptable)  
1218 NW 126 TERRACE

83

84 City SUNRISE, FL 85 Zip Code 33323

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 *Antonio C. M. Guimaraes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Antonio C. M. Guimaraes* 04/01/99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME ELIANE DE A. GUIMARAES  
STREET ADDRESS 1218 NW 126 TERRACE  
CITY-ST-ZIP SUNRISE, FL. 33323

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ANTONIO C. M. GUIMARAES  
1.2 NAME PRESIDENT  
1.3 STREET ADDRESS 1218 NW 126 TERRACE  
1.4 CITY-ST-ZIP SUNRISE, FL. 33323

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Antonio C. M. Guimaraes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO C. M. GUIMARAES

FEB. 16 1999

Date

Daytime Phone #

(954) 845-9176

CR2E034 (11/98)