


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90011 026 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000067144** ✓
 1. Corporation Name
PROCIDA CORPORATION



Principal Place of Business Mailing Address

C/O ROGERS & WELLS LLP C/O ROGERS & WELLS LLP
 200 PARK AVENUE 200 PARK AVENUE
 NEW YORK NY 10166 NEW YORK NY 10166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1998

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number Applied For
13-4018844 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. Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Magdalena Stime Rothfeld
STREET ADDRESS		1.3 STREET ADDRESS	481 S. Mashata Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	Director, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Marc Rothfeld
STREET ADDRESS		2.3 STREET ADDRESS	481 S. Mashata Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **7/20/99**

CR2E034 (5/99)

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Rogers & Wells

ROGERS & WELLS LLP
200 PARK AVENUE NEW YORK, NY 10166-0153
TELEPHONE 212 878-8000 FACSIMILE 212 878-8375

Hagar L. Riley
Paralegal

DIRECT TELEPHONE 212 878-8478
DIRECT FACSIMILE 212 878-8375
rileyh@rw.com

July 27, 1999

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED
ARTICLE NO. Z 351 059 386

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Filing Fee for the Procida Corporation

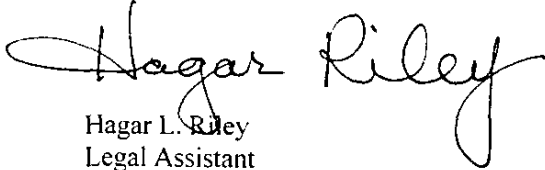
Dear Sir or Madam:

Enclosed please find a check for \$550.00 to cover the cost of the filing fee for the 1999 Profit Corporation Annual Report of the Procida Corporation.

I have also enclosed a copy of this letter which I would ask you to stamp "received" and return to me in the self-addressed stamped envelope that I have provided.

Thank you for your prompt attention to this matter. Please feel free to call me if you have any questions.

Very truly yours,


Hagar L. Riley
Legal Assistant

enclosures

cc: Mr. & Mrs. Marc Rothfeldt
Anne E. Emmert, Esq.

NYA 207705.1

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