

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90006 034 ***550.00

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1. Corporation Name
NUBIDU CORPORATION



Principal Place of Business
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 S DIXIE HWY. PH2
MIAMI FL 33156

Mailing Address
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 S DIXIE HWY. PH2
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

65-0862543

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐Yes ☒ No

2. Principal Place of Business

21 5333 Collins Avenue

Suite, Apt. #, etc.

22 St 709

City & State

23 Miami Beach FL

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 533 Collins Avenue

Suite, Apt. #, etc.

27 St 709

City & State

28 Miami Beach FL

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

ROUSSO, MARK E ESO
9350 S DIXIE HWY, PH 2
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name Ida C. Oviets CPA, PA.

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

2307 S. Douglas Rd #400

83

84 City Miami

FL FL

Zip Code 33145

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 Ida C. Oviets CPA, PA.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/24/99

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME ALBERTO ANTEZANA, CARLOS

STREET ADDRESS 88-18 207 STREET

CITY-ST-ZIP QUEENS VILLAGE NY 11427

TITLE D ☐ DELETE

NAME ALBERTO ANTEZANA, CARLOS

STREET ADDRESS 88-18 207 STREET

CITY-ST-ZIP QUEENS VILLAGE NY 11427

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-4-99 (305) 868-868-826

Date

Daytime Phone #

CR2E034 (11/98)