

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000107694

1. Corporation Name

142 GIRALDA CORP.

Principal Place of Business C/O 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133	Mailing Address C/O 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1643 Brickell Avenue Suite, Apt. #, etc. 22 Apt. 2305 City & State 23 Miami, FL Zip 24 33129		2a. Mailing Address 26 1643 Brickell Ave. Suite, Apt. #, etc. 27 Apt. 2305 City & State 28 Miami, FL Zip 29 33129		3. Date Incorporated or Qualified 12/29/1998	
Country 25 USA		Country 30 USA		4. FEI Number 65-0895884	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPCO, INC.
 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	PD
NAME		1.2 NAME	SAIDEN, Amin
STREET ADDRESS		1.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SD
NAME		2.2 NAME	SAIDEN, Silvia de
STREET ADDRESS		2.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD
NAME		3.2 NAME	de NAVARRO, Silvia Saiden
STREET ADDRESS		3.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Silvia Saiden, SD

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)