

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY 26 AM 8:44

DOCUMENT # P 93000013349 (4)

1. Corporation Name

D H INFINITY CORPORATION

Principal Place of Business

Mailing Address

13340 SW. 17 LANE
APT. # 1
MIAMI, FL. 33175

D H INFINITY CORP.
JACKSON HEWITT
9465 W FLAGLER ST MIAMI FL
33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2-22-93
3a. Date of Last Report 5-94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0389801	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISABEL M. HERNANDEZ
13340 SW 17 LANE APT # 1
MIAMI, FL. 33175

B1 Name ISABEL M. HERNANDEZ
B2 Street Address, P.O. Box, Number, or Not Applicable
13340 SW. 17 LANE APT. #1
B3
B4 City MIAMI FL B5 Zip Code 33175

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: *Isabel M. Hernandez* (Signature of current agent) (Typed name of registered agent and title if applicable) (Date)
Signature of new agent (Signature required when transferring) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DIRECTOR.	1.1 TITLE	DELETE FROM PRIOR YEAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABEL M. HERNANDEZ	1.2 NAME	HERNANDEZ DENNIS
STREET ADDRESS	13340 SW. 17 LANE APT. # 1	1.3 STREET ADDRESS	10975 SW. 40th ST. SUITE 322
CITY, ST, ZIP	MIAMI FL: 33175	1.4 CITY, ST, ZIP	MIAMI, FL. 33165
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400001547844
STREET ADDRESS		2.3 STREET ADDRESS	-07/27/95--01068--025
CITY, ST, ZIP		2.4 CITY, ST, ZIP	***\$225.00 ***\$225.00
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 (Transfer) or in an attachment with an address.

SIGNATURE: *Isabel M. Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Chapter 1199.4)