## 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

DOCUMENT #P97 0000 40299

HP TWO HOLDINGS CORP.

99 HAR -4 AM 11: 48

SECRETARIA STATE TALLAMASSEE, FLORIDA

•								
Principal Plac	Incipal Place of Business Mailing Address							
6255	BIRD ROAD	000	30x 56	242	0			
Miani, FL 33155 Miami, FL				33256		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		j
		سخريسون ددييم سددد	,			5-6-97		i
2. Principal P	lace of Business	2a. Mailing	Address			4. FE1 Number	Ap	plied For
21]		26				65-0750220	No.	t Applicable
Suite, Apt.	#, etc.	<b>├</b> ─ ┐	pt. #, etc			5. Certificate of Status Desired [1]	\$8.75 A	
22]	<del></del>	[27]					Fee Re	
City & Stat	е	City & S	tate			6. Election Campaign Financing	\$5.00	- 1
Zip	Country	28 Z <sub>I</sub> p		Country		Trust Fund Contribution	Added t	o Fees
— ·	[25]	29	Tan	1		8. This corporation owes the current year In	tangible []Yes	<b>~</b>
24	9. Name and Address of Cur		)30	' <sup>1</sup> '		Personal Property Tax		NO
				81	Name	10. Name and Address of New Registered	CApril	
land	acio G. Zulue 5 Bird Road	ta						
125	F Ains DADS			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83				
nia	mi, FL 33155	5*		1001				Į.
•	J			84	City		85 Zip C	Code
44 6	4.0	VEOD 1 CO2 1500	ecure access	l1		FL.	<u>.</u>	
DITICE OF I	registered agent, or both, in the Starm familiar with, and accept the obl	ate of Florida, Such i	change was authi	onized by I	r-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as reg	registered gistered
-	art levilles with and decopt the obt	igations of occion	501:0005, 1 tonde	i Otolotes.				ļ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOIF Re	gistered Agen	signature require	d when recistating) DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	D .		[] DELETE	11 TIT.E			[   Change	[] Addition
NAME	Zulveta, 19r	racio G		1.2 NAME		გიიიტგვნეტ	702-	
STREET ADDRESS	6255 Bird R	oad		1.3 STREET	ADDRESS	-03/10/330		
CITY-ST-ZIP	6255 Bird R Miami, FL 3	3155		1.4 CITY-ST	·ZIP	****150.00	****15	0.00
TITLE	D		[ ] DELETE	21 TITLE	<u> </u>		[] Change	[ ] Add tion
NAME	Pferdmenges.	Henri		2 2 NAME				
STREET ADDRESS	Pferdmenges, 6255 Bird Ro	àd		23 STREE1	ADDRESS			į
CITY-ST-ZIP	Miami, Fl 33	155		2 4 CITY-ST	r-ZiP			1
TITLE			IDELETE	31 T TLE	1		[] Change	[ ] Addition
NAME #			1	3.2 NAME				
STREET ADDRESS				33STREET	ADDRESS			j
CITY-ST-ZIP				34 CiTY-SI	-2xF			
TITLE "			DELETE	4 1 Total	j	***	[ ] Change	[ ] Addition
NAME				4 2 NAME	j			
STREET ADDRESS				43STREET	ADORESS			Ţ
CITY-ST-ZIP				44 CH1Y-51	. ZICI			
TITLE			DELETE	5.1 TiTLE	}		[ ] Change	[   Addition
NAME			1	5.2 NAMI			-	
STREET ADDRESS			ĺ	53STREET	ADDRESS [			
CITY-ST-ZIP			1	5.4 CHY-S1	·710			
TITLE			LOGUETE	€110BE	ł	$\langle \gamma \rangle$	[ ] Change	[   Addition
NAME				6.2 NAME		(V)		
STREET ADDRESS			i	63STREET	ADERESS	( ~ ( )		1
			•	646015 61	1	してアブ		

14. Hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119 07(3)th. Honda Statutes I further certify that the information indicated on this annual report or appliemental 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 optrustee 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

3-1-99

(305)233-2586