

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**AMENDED**  
**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



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

**FILED**

99 JUL 13 AM 8:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000040299**

1. Corporation Name  
**HP TWO HOLDINGS CORP.**

Principal Place of Business  
**6255 BIRD ROAD**  
**MIAMI, FL 33155**

Mailing Address  
**P.O. Box 562438**  
**Miami, FL 33256**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**5-6-97**

4. FEI Number  
**65-0750220**

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 Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ZULUETA, IGNACIO G.**  
**6255 BIRD ROAD**  
**MIAMI, FL 33155**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **D ZULUETA, IGNACIO G.**  
 STREET ADDRESS **6255 BIRD ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE  DELETE  
 NAME **D PFERDMENGES, HENRI**  
 STREET ADDRESS **6255 BIRD ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS **400002942454--2**  
**-07/27/99--01029 -013**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
 24 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME **D ORRIOLS, ALINA J.**  
 33 STREET ADDRESS **6255 BIRD ROAD**  
 34 CITY-ST-ZIP **MIAMI, FL 33155**

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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: **Alina J. Orriols** **ALINA J. ORRIOLS** **7-3-99** **305 233-2586**

CR2E034 (1/198)