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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90130 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V44262 ✓OK (6)

1. Corporation Name
 MHPC INTERNATIONAL, INC.

Principal Place of Business Mailing Address

One Herald Plaza One Herald Plaza
 Miami, FL 33132-1693 Miami, FL 33132-1693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 6/17/1992

4. FEI Number
 65-0397285

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26 **50 W. SAN FERNANDO ST.**

27 **Suite 1500**

28 **SAN JOSE, CA**

29 **95113** 30

9. Name and Address of Current Registered Agent

Harris, Douglas C.
 One Herald Plaza
 Miami, FL 33132-1693

10. Name and Address of New Registered Agent

81 Name **C.T. CORPORATION**

82 Street Address (P.O. Box, number, or International)

83 **1200 So Pine Island Road**

84 City **Plantation** FL 85 Zip Code **33324**

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 607.0507, Florida Statutes.

SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY DATE **4-15-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	Lawrence, David Jr.
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	D <input type="checkbox"/> DELETE
NAME	Chapman, Alvah H. Jr.
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	D <input type="checkbox"/> DELETE
NAME	Connors, Mary Jean
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	VTD <input type="checkbox"/> DELETE
NAME	Jones, Ross
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	Pryor, Brenda Rogers
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	Harris, Douglas
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C IBARGUEN, Alberto
1.3 STREET ADDRESS	one Herald Plaza
1.4 CITY-ST-ZIP	Miami, FL 33132
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	50 W. SAN FERNANDO ST
3.4 CITY-ST-ZIP	SAN JOSE, CA 95113
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	50 W. SAN FERNANDO ST
4.4 CITY-ST-ZIP	SAN JOSE, CA 95113
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AV HAUSWIRTH, Lynda
5.3 STREET ADDRESS	50 W SAN FERNANDO ST.
5.4 CITY-ST-ZIP	SAN JOSE, CA. 95113
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S LAFFOON, POIK
6.3 STREET ADDRESS	50 W. SAN FERNANDO ST.
6.4 CITY-ST-ZIP	SAN JOSE, CA 95113

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: *Lynda Hauswirth* **Lynda Hauswirth** 3/25/99 408-938-7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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