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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30907 (2)

1. Corporation Name

HIS HOUSE, INC.

Principal Place of Business

Mailing Address

7000 NW 53RD TERR  
MIAMI FL 331667000 NW 53RD TERR  
MIAMI FL 33166-48043. Date Incorporated or Qualified  
02/28/19893a. Date of Last Report  
03/14/19964. FEI Number  
65-0145994Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 20000 NW 47th Avenue Bldg. 22 20000 NW 47th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 Bldg. 22  
City & State  
23 Opa-Locka, FL 33055

24 Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACERES-GONZALEZ JEAN

~~6695 SW 152 CT~~

20000 NW 47th Avenue

~~MIAMI FL 33193~~

Bldg. 22

Opa-Locka, FL 33055

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 617.0502 and 617.1508, 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 617.0503, 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 PD ☐ DELETE  
NAME CACERES-GONZALEZ, JEAN  
STREET ADDRESS ~~6695 SW 152 CT~~ 20000 NW 47th Ave  
CITY-ST-ZIP MIAMI FL 33193 Bldg. 22  
Opa-Locka, FL 33055TITLE V ☐ DELETE  
NAME CACERES, JULIE  
STREET ADDRESS ~~6695 WILLOW LANE~~ 3807 Station Club Drive  
CITY-ST-ZIP MIAMI-LAKES FL 33014 Marietta, GA 30060TITLE TD ☐ DELETE  
NAME VELAZQUEZ, JOSE, JR.  
STREET ADDRESS 9011 SW 37TH AVENUE, #36  
CITY-ST-ZIP MIAMI FL 33135TITLE SD ☐ DELETE  
NAME ISMAEL, PIMIENTA  
STREET ADDRESS ~~4751 S.W. 142 COURT~~ 7010 SW 106 Place  
CITY-ST-ZIP MIAMI FL 33175 Miami, FL 33173TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeannette Caceres-Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

(305) 430-0085

Date

Daytime Phone # 00000000

CP2E037 (9/96)