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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30907** (2)

1. Corporation Name

HIS HOUSE, INC.

Principal Place of Business

20000 NW 47TH AVE.
BLDG. 22
OPA-LOCKA FL 33055
US

Mailing Address

20000 NW 47TH AVE.
BLDG. 22
OPA-LOCKA FL 33055
US

3. Date Incorporated or Qualified

02/28/1989

4. FEI Number

65-0145994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACERES-GONZALEZ JEAN
20000 NW 47TH AVENUE
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 617.1503, Florida Statutes.

SIGNATURE

Jean Caceres-Gonzalez

1/9/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CACERES-GONZALEZ, JEAN	
STREET ADDRESS	20000 NW 47TH AVENUE, BLDG.22	
CITY-ST-ZIP	OPA-LOCKA FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	CACERES, JULIE	
STREET ADDRESS	3807 STATION CLUB DRIVE	
CITY-ST-ZIP	MARIETTA GA	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VELAZQUEZ, JOSE, JR.	
STREET ADDRESS	9011 SW 37TH AVENUE, #36	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ISMAEL, PIMIENTA	
STREET ADDRESS	7010 SW 106 PLACE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAM TEN POW	
1.3 STREET ADDRESS	9500 Broadview Terrace	Director
1.4 CITY-ST-ZIP	Bay Harbour Islands, FL 33154	

2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gemma Man Son Hong	
2.3 STREET ADDRESS	6705 SW 134 Place	Director
2.4 CITY-ST-ZIP	Miami, FL 33183	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Jean Caceres-Gonzalez
SIGNATURE REQUIRED

1/9/98

Date

Daytime Phone #

CR2E037 (10/97)