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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 512758 (4)

HITS, INC.

MIAMI FL 33132

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1.

Zip

2, Principal Place of Business

Sulte, Apt. #, etc.

City & State

Principal Place of Business	Mailing Addre
36 NE 1ST STREET. #602	36 NE 1ST \$1

Country

9. Name and Address of Current Registered Agent

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MOLDES, RHYNA

1818 PALERMO AVE

**CORAL GABLES FL 33134** 

36 NE 1ST STREET. #602 MIAMI FL 33132

2a. Mailing Address

City & State

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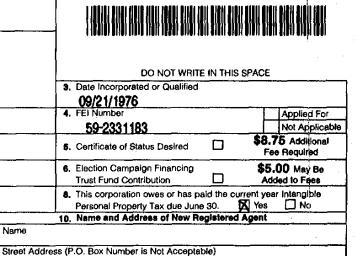
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Suite, Apt. #, etc

## **FILED** Mar 19 1998 8:00am Secretary of State



84 City 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

Country

82

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Name

agent. I a	m familiar with, and accept the obligations of	of, Section 607.0505, Flo	orida Statutes.	
SIGNATURE	Signature, hyped or printed name of registered apent and tit	is it applicable (NOTE	Registered Agent signature reguli	ilred when reinstating) DATE
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLDES, RHYNA		1.2 NAME	
STREET ADDRESS	1518 PALERMO AVE.		1.3 STREET ADDRESS	·
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TITLE	VS	DELETE	2.1 TITLE	Change Addition
NAME	MOLDES, RAUL		2.2 NAME	
STREET ADDRESS	1518 PALERMO AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	,
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
ATT / DT 310			EACITY OT TID	

1. 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.

SIGNATURE:

32-318-1376