

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90056 029 ****61.25

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DOCUMENT # N30907

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CACERES-GONZALEZ JEAN
20000 NW 47TH AVENUE
BLDG. 22
OPA-LOCKA FL 33055**

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 ☐ DELETE

TITLE **PD**
NAME **CACERES-GONZALEZ, JEAN**
STREET ADDRESS **20000 NW 47TH AVENUE, BLDG.22**
CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **V** ☐ DELETE

NAME **CACERES, JULIE**
STREET ADDRESS **3807. STATION CLUB DRIVE**
CITY-ST-ZIP **MARIETTA GA**

TITLE **D** ☐ DELETE

NAME **POW, PAM TEN**
STREET ADDRESS **9500 BROADVIEW TERRACE**
CITY-ST-ZIP **BAY HARBOUR ISLANDS FL 33154**

TITLE **SD** ☐ DELETE

NAME **ISMAEL, PIMIENTA**
STREET ADDRESS **7010 SW 106 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **HING, GEMMA MAN SON**
STREET ADDRESS **6705 SW 134 PLACE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ DELETE

NAME **AWONG, JUDY**
STREET ADDRESS **9022 SW 123 Ct. BLDG. O, #203**
CITY-ST-ZIP **MIAMI, FL 33186**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

1/5/98 (305) 430-0085