

**CORPORATION
ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

95 APR 25 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 391135

(1)

1. Corporation Name

H & Z CORPORATION OF FLORIDA

Principal Place of Business

**9040 SUNSET DRIVE #80
MIAMI FL 33173**

Mailing Address

**9040 SUNSET DRIVE #80
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/10/1971

3a. Date of Last Report

04/14/1994

4. FEI Number

59-1376197

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**

8. This corporation has liability for intangible tax under S. 190.03?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

7721 S.W. 62 Ave.

Suite, Apt. #, etc.

27

Suite 203

City & State

28

Miami, Florida

Zip

29

33143

Country

30

USA

9. Name and Address of Current Registered Agent

**POPPELIERS, BURT
9040 SUNSET DRIVE #80
MIAMI FL 33173**

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 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

HITT, CHARLES

STREET ADDRESS

9040 SUNSET DRIVE #80

CITY - ST - ZIP

MIAMI FL

TITLE

PD

NAME

ZALUDONDO, ARTHUR

STREET ADDRESS

9040 SUNSET DRIVE #80

CITY - ST - ZIP

MIAMI FL

TITLE

SD

NAME

POPPELIERS, BURT (ASST)

STREET ADDRESS

9040 SUNSET DRIVE #80

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Zaludondo 04/20/95 667-4145

(305)