

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

FILED  
Apr 08 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 391135 (1)

1. Corporation Name  
H & Z CORPORATION OF FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br>7721 SW 62ND AVE.<br>203<br>MIAMI FL 33143<br>US | Mailing Address<br>7721 SW 62ND AVE<br>STE 203<br>MIAMI FL 33143-4908<br>US |
|---|---|

3. Date Incorporated or Qualified  
11/10/1971

3a. Date of Last Report  
07/26/1996

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1376197   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

POPELIERS, BURT  
7721 SW 62ND AVE.  
SUITE 203  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | PD                           |
| NAME                       | ZALDUONDO, ARTHUR            |
| STREET ADDRESS             | 7721 SW 62ND AVE., SUITE 203 |
| CITY-ST-ZIP                | MIAMI FL                     |
| TITLE                      | SD                           |
| NAME                       | POPELIERS, BURT (ASST)       |
| STREET ADDRESS             | 7721 SW 62ND AVE., SUITE 203 |
| CITY-ST-ZIP                | MIAMI FL                     |
| TITLE                      |                              |
| NAME                       |                              |
| STREET ADDRESS             |                              |
| CITY-ST-ZIP                |                              |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Arthur Zalduondo - Pres. 04/03/97 667-4145  
Date: 04/03/97 Daytime Phone #: 667-4145

CR2E034 (9/96)