

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrthen
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 398505

(8)

1. Corporation Name

HECTOR'S ENTERPRISES, INC.

Principal Place of Business

10873 SW 34TH STREET
MIAMI FL 33165

Mailing Address

10873 SW 34TH STREET
MIAMI FL 33165

2. Principal Place of Business

21 *Unit, Apt. #, etc.*

22 *City & State*

23 *Zip*

24 *Country*

26. Mailing Address

26 *Unit, Apt. #, etc.*

27 *City & State*

28 *Zip*

29 *Country*

9. Name and Address of Current Registered Agent

**TUNDIDOR, HECTOR
10873 SW 34TH ST
MIAMI, FLA
33165**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL 05 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 007.0502 and 007.1600, 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 007.0500, Florida Statutes.

SIGNATURE:

Hector Tundidor

(401) Registered Agent signature required when completed

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S TUNDIDOR, BERTA 10873 SW 34TH ST MIAMI, FL 00000	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	PD TUNDIDOR, HECTOR 10873 SW 34TH ST MIAMI, FL 00000	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	S TUNDIDOR, HECTOR, JR. 10873 SW 34TH ST MIAMI FL	31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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(9)(b), Florida Statutes. I further certify that the information indicated on the 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 manager or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if checked), or is in printtype with an address.

SIGNATURE: *Hector Tundidor*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

1/20/95

1/20/95

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