CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 421657 (8)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:48

1. Corporation Name
HI-TE, INC.

Principal Place of Business	Mailing Address
701 N.W. 12TH STREET P.O. BOX 136 BELLE GLADE FL 33430	701 N.W. 12TH STREET P.O. BOX 136 BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1973	3a. Date of Last Report: 02/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 59-1450034	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

TORRES, ALBERTO J.
848 S E 4TH STREET
BELLE GLADE FL 33430

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 _____ (DATE)
Signature of new registered agent required when changing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☐ Change ☐ Addition	
NAME	TORRES, ALBERTO J.	12 NAME		
STREET ADDRESS	848 SE 4TH STREET	13 STREET ADDRESS		
CITY ST ZIP	BELLE GLADE, FL 00000	14 CITY ST ZIP		
TITLE	V	21 TITLE	☐ Change ☐ Addition	
NAME	WILKINSON, CHARLES D.	22 NAME		
STREET ADDRESS	701 N.W. 12TH STREET	23 STREET ADDRESS		
CITY ST ZIP	BELLE GLADE, FL 00000	24 CITY ST ZIP		
TITLE	ST	31 TITLE	☐ Change ☐ Addition	
NAME	TORRES,GLADYS T.	32 NAME		
STREET ADDRESS	848 SE 4TH STREET	33 STREET ADDRESS		
CITY ST ZIP	BELLE GLADE FL	34 CITY ST ZIP		
TITLE	~~V~~	41 TITLE	☒ Change ☐ Addition	
NAME	~~BUENO, MARITZA A.~~	42 NAME		
STREET ADDRESS	~~16060 E CORNWALL DRIVE~~	43 STREET ADDRESS	resigned	
CITY ST ZIP	~~LOXAHATCHEE FL~~	44 CITY ST ZIP		
TITLE	V	51 TITLE	☐ Change ☐ Addition	
NAME	GONZALEZ, ALBERTO	52 NAME		
STREET ADDRESS	525 AVENUE E PLACE	53 STREET ADDRESS		
CITY ST ZIP	BELLE GLADE FL	54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ 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 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: Alberto J. Torres ALBERTO J. TORRES, PRESIDENT 1/10/95 407/996-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437040 FP