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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 454594 1. Corporation Name

I H I INC

Ur II. Ur,	1140.				1 188 (A) 1818 1 A) (A) 1818 1 A) (A) 1818 1 A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	•
						1
Principal Place of Business Mailing Address					C TORRIT BERNE BILLE DIRECT BUILD TOLLE BERNE BERNE BURNE BURN BURN BURN BURN BURN BURN BURN BURN	ŧI.
9340 S W 103RD ST 9340 S W 103RD ST MIAMI FL 33176 MIAMI FL 33176						
***************************************					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		T - 11 111 A 1 1			06/11/1974	_
		2a. Mailing Address			4, FEI Number Applied For	
		Suite Ant # etc	Suite, Apt. #, etc.		59-1676034 Not Applicat \$8.75 Additional	
22	. 11 , 010.	27			5. Certificate of Status Desired Fee Required	
City & Star	te	City & State			6. Election Campaign Financing 55.00 May Be	_
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent	0.4		10. Name and Address of New Registered #gent	_
SOK	(OL, DAVID		81	Name		
	S.W. 103 STREET		82	Street A	t Address (P.O. Box Number is Not Acceptable)	
	MI FL 33176		83			
1715 W			03			:
			84	City	FL 85 Zip Code	-
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	s, the abov	L e-named c	d corporation submits this statement for the purpose of changing its registered	<u></u>
office or i	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was aut	thorized by	the corpor	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	an idining. Will, dad doopt the oblige		ou clataro			
SIGNATURE	Signature, typed or printed name of registered ager		Registered Age	nt signature re	required when reinstating) DATE	
12.	,	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COKOL DAVID	DELETE 1.1 TI		1	Change Addi	tion
NAME			1.2 NAME			
STREET ADDRESS	1 '			TADDRESS		
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP	Change Addi	tion
TITLE	SOKOL, ROCHELLE		2.1 TITLE 2.2 NAME	- 1	Conside Dydon	шоп
NAME	AND ALL TOORS ATTENT			ADDRESS		
STREET ADDRESS	8.81.8.9.41.17.1					
CITY-ST-ZIP TITLE	V	□ DELETE	2.4 CITY-S 3.1 TITLE	51-ZIP	Change Addi	tion
NAME	SOKOL, DAVID	<u> </u>	3.2 NAME			
STREET ADDRESS	ANTO ANY TOORS OFFICER		3.3 STREE	TADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY- S			¢'s
TITLE	111111111111111111111111111111111111111	☐ DELETE	4.1 TITLE	11-211	Change Addi	tion
-NAME			4. 2 NAME	. [
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addi	tion
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP	540		5.4 CITY-S	T-ZIP	•	
TITLE			6.1 TITLE		☐ Change ☐ Addi	tion
NAME			6.2 NAME			
	 to the transfer of the transfer o		=		. 1	

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90012 047 ***150.00

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 607, 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.

CR2E034 (11/98)