

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **471796** (3)

1. Corporation Name
H.B.L. CORP.

Principal Place of Business

**7573 GRANVILLE DR
TAMARAC FL 33321
US**

Mailing Address

**7573 GRANVILLE DR
TAMARAC FL 33321-8733
US**



3. Date Incorporated or Qualified **03/13/1975** 3a. Date of Last Report **04/12/1996**

4. FEI Number **59-1588775** 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

2. Principal Place of Business

21 **3900 NW 79th AVE**

Suite, Apt. #, etc.

22 **MIAMI, FLA**

City & State

23 **33166**

Zip

Country

DADE

2a. Mailing Address

26 **3900 NW 79th AVE**

Suite, Apt. #, etc.

27 **MIAMI FLA**

City & State

28 **33166**

Zip

Country

DADE

9. Name and Address of Current Registered Agent

**GOLUB, BETTY
7573 GRAWVILLE DRIVE
TAMARAC FL 33321**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NIR FAITH	
STREET ADDRESS	600 NE 38TH STREET, APT. 923	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLUB, BETTY	
STREET ADDRESS	7573 GRANVILLE DRIVE	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Betty Golub
23 STREET ADDRESS	3900 NW 79th AVE
24 CITY - ST - ZIP	MIAMI, FLA 33166
31 TITLE	Secy <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HERBERT GOLUB
33 STREET ADDRESS	3900 NW 79th AVE
34 CITY - ST - ZIP	MIAMI, FLA 33166
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: **Betty Golub** **BETTY GOLUB** **3/1/97** **305 592-5280**

CR2E034 (9/96)