FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **685109** **(1)**

1. Corporation Name

HARTWELL INTERNATIONAL, INC.

Principal Place of Business

9115 NW 105TH CIR.
MEDLEY FL 33178

Mailing Address

9115 NW 105TH CIR.
MEDLEY FL 33178

3. Date Incorporated or Qualified: **08/22/1980**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-2020555** ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
7000 SOUTHWEST 62ND AVENUE
PENTHOUSE B
SOUTH 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 **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, Typed or Printed Name of Registered Agent and Title, if Applicable (Typed or Printed Name of Registered Agent and Title, if Applicable)

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	HARTWELL, REGINALD D.	
STREET ADDRESS	909 COPPERFIELD TERRACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	☒ DELETE
NAME	HARTWELL, MERILYN B.	
STREET ADDRESS	909 COPPERFIELD TERRACE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	☐ DELETE
NAME	HARTWELL, JOHN E.	
STREET ADDRESS	6208 NW 194 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ DELETE
NAME	LINDA HARTWELL	
STREET ADDRESS	6208 NW 194 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	SMITH, DELPHINE	
STREET ADDRESS	19055 NW 62 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	☐ Change ☒ Addition
12 NAME	Rafael Lorenzo	
13 STREET ADDRESS	9361 SW 31st Terrace	
14 CITY-ST-ZIP	Miami, FL 33165	
21 TITLE	V	☐ Change ☒ Addition
22 NAME	Lucia Diaz	
23 STREET ADDRESS	19620 NW 47th Place	
24 CITY-ST-ZIP	Miami, FL 33055	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Linda Hartwell Sras 4-4-96 305-885-1429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #