## 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 # 816209 1. Corporation Name

THE H	IAVEN	HULUING	CORP.	

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 009 \*1,200.00



									<b>(10</b> 11 <b>3</b> 1411 1481
Principal Place of Business Mailing Address									
6917 COLLINS A	AVENUE	6917 COLLINS AVENUE							
MIAMI BEACH FL 33141-3263 MIAMI BEACH FL 33141-3263			)			DO NOT WRITE IN THIS SPACE			
					}	3. Date Incorporated or Qualifed			
					l	07/10/1962			
Principal Place of Business 2a. Mailing Address						4. FEI Number		- Ar	oplied For
<b>—</b>	ace of Business	<u> </u>			52-0793266		· · · · · · · · ·	ot Applicable	
21 Suite, Apt. #	¥ etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22	.,	27		:	5. Certifcate of Status Desired		Fee Ro	equired	
City & State	)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country			8. This corporation owes the cur	rent year Inta	angible	
24	25	29	10			Personal Property Tax.		☐ Yes	□No
<del>- · ·</del> .	9. Name and Address of Current		<u>.</u>			10. Name and Address of New	Registered /	Agent	
			8	1 Nam	ne				
	for, Brenda		8	2 Stree	et Addres	ss (P.O. Box Number is Not Accept	able)		
	COLLINS AVENUE			- 0,,,	017100700		,		
1	E 1611		8	3					
MIAN	II FL 33141		8	4 (City)				85 Zip	Code
			°	4 City			FL	.   55   2.15	
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ve-name	ed corpor	ation submits this statement for the	purpose of	changing its	registered
office or re	o the provisions of Sections our Jour egistered agent, or both, in the State of n familiar with, and	of Florida. Suchichande was aut	horized b da Statute	y tne co	rporation	's board of directors. I hereby acce	pt the appoir	ument as re	gistered
*	THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL								Į.
SIGNATURE	Signature, typed o		gistered Ag	ent signatu	re required v	when reinstating)	DATE		
12.	/ OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	EDST	☐ DELETE	1.1 TITLE		E	D/S/T/C00		Change	☐ Addition
NAME	NESTOR, BRENDA		1.2 NAME			,			
STREET ADDRESS	6917 COLLINS AVENUE		1.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	MIAMI BEACH FL 33141-3263		1.4 CITY-	ST-ZIP				r== 0:	
TITLE	AT	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	Launer, Blanche S		2.2 NAME	:					Í
STREET ADDRESS	6917 COLLINS AVENUE		2.3 STRE	ET ADDRE	SS				
CITY-ST-ZIP	MIAMI BEACH FL 33141		2. 4 CITY	-ST-ZIP				<b>—</b>	
TITLE	PCCE -	☐ DELETE	3.1 TITLE		17	C/CEO		Change	☐ Addition
NAME	POSNER, VICTOR		3 2 NAME	•					
STREET ADDRESS	6917 COLLINS AVENUE		3.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4. CITY	-ST-ZIP					
TITLE	VD	☐ DELETE	4.1 TITLE		ŀ			Change	Addition
NAME	FIELD, LISA M.		4. 2 NAM	E					
STREET ADDRESS	6917 COLLINS AVENUE		4.3 STRE	ET ADORE	ss				
CITY-ST-ZIP	MIAMI BEACH FL 33141		4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					[] Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAM	•					ļ
STREET ADDRESS			6.3 STRE	ET ADDRE	ss				ļ
CITY-ST-ZIP			6.4 CITY	ST-ZIP					

CITY-ST-ZIP 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.

**SIGNATURE:**