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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # G16548

(1)

Mailing Address

H. F. INVESTMENTS CORP.

FILED May 13 1997 8:00am Secretary of State

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5240 N.W. 167TH STREET HIALEAH FL 33014		5240 N.W. 167TH STREET HIALEAH FL 33014-6234							
			3. Date Incorporated or Qualified 3a. Date of Last Ro 05/01/1996						
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			59-2243007	——···	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5 Additional		
22		[27]			5. Certificate of Status Desired		Required		
City & State	е	City & State			6. Election Campaign Financing	\$5.0	0 May Be		
23		28			Trust Fund Contribution		ed to Fees		
Zip	Country	Zφ	Coun	lry	8. This corporation has liability for i	nlangible tax unde	r s. 199.032,		
24	25	[29]	30		Florida Statutes Yes 🔀 No				
		of Current Registered Agent		tal tent se	10. Name and Address of New Re	gistered Agent			
	E, JEFFREY M.		8	11 Name					
	2 PONCE DE LEON BLV	/D., PH-SUITE		2 Street	Address (P.O. Box Number is Not Acceptab	olo)			
COF	RAL GABLES FL 33134			.					
			18	3					
			ε	4 Cily	PM #/Landa 134	FL 85 7	ip Code		
ottice or r	eoistered agent, or both, in	rthe State of Horida. Such change was	s authorized.	by the corr	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing	g its registered		
agent. I a	m familiar with, and accept	the obligations of, Section 607.0505, F	lorida Statu	los.	,	,,			
SIGNATURE		en e			required when reinstating)				
12.		egistered agent and title if applicable (NC CERS AND DIRECTORS	11 Registered 2	gert signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ODE IN 12		
TITLE	VS	DELETE	1.1 101		ADDITIONA/CHANGES TO OFFIC	Chang			
NAME	STEINBERG, FERNA	C. Milit	1.2 NAM			orlang	c LJ Addition		
STREET ADDRESS	5240 N W 167TH ST			ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 00000								
TITLE	P	DECETE	21701	- ST - 7IP		Chang	e Addition		
NAME	HENRY, FINE		2.2 NAM			onang	2 7 7 100 (101)		
STREET ADDRESS	5240 N W 187TH ST			El address					
CITY-ST-ZIP	HIALEAH, FL 00000			7-S1-7IP					
TITLE		DELFTE	317111			Chang	e Addition		
NAME		-	3.2 NAM						
STREET ADDRESS				ET ADDRESS	•				
CITY-ST-ZIP				r - \$1 - 7(P					
TITLE		DELETE	4.1 TITL		~ ************************************	Chang	e Addition		
NAME			4. 2 NAN	A.F					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- \$1 - 7IP					
TITLE		☐ DELETE	5.1 TiTL			Chang	e Addition		
NAME			5.2 NAV	:					
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE	*	DELETE	6.1 1111			Chang	e Addition		
NAME			6.2 NAM						
STREET ADDRESS				EL ADDRESS					
CITY-ST-ZIP			4	- S1 - Z(P					
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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.