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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68664

Principal Place of Business

HANZ CORPORATION

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90017 035 ***158.75



C/O LORENA ZAMBRANO 8010 NW 66TH STREET MIAMI FL 33166 US		HANZ CORPORATION P.O. BOX 1674 MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/10/1983 4. FEI Number Applied For		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2348212	· ' ' '	Applicable
21	# -1-	Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt.	#, etc.	27			- 5. Certifcate of Status Desired	Fee Rec	quired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
23	Country	Zip Zip	Countr		8. This corporation owes the current year		
			30		Personal Property Tax. Yes No		
24	9. Name and Address of Curren			-	10. Name and Address of New Registe	red Agent	
_ 	o. Home and the		8	Name			1
	OS, KLEBER		8:	Street Add	ress (P.O. Box Number is Not Acceptable)		
8010 NW 66TH ST.					San	1417 17 18 51213 5134 C	13.1 21.2 15.3
MIAI	WI FL 33166		8	3			
			8-	4 City	The second of th	FL 85 Zip C	ode william
44.0	At the descriptions of Continue 607 050	2 and 607 1508. Florida Statutes	the abo	ve-named com	poration submits this statement for the purpos	e of changing its	registered
11. Pursuant office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized b	y the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I a	registered agent, or both, in the State on familiar with, and accept the obligation	uons of, Section 607.0505, Florid	30 JIBIUIE	٠			.
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	legistered Ag	ent signature requir	ed when reinstating) () DAT		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		1.7 (3.1) 45 (45)	☐ Change	☐ Addition
NAME	ZAMBRANO, LORENA		1.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	HIALEAH,FL 00000		1.4 CITY-			Change	Addition
TITLE	VP ·	☐ DÉLETE	2.1 TITLE				_
NAME	HOYOS, KLEBER		2.2 NAME				
STREET ADDRESS				ET ADORESS			ì
CITY-ST-ZIP	MIAMI FL	. DELETE	2.4 CITY 3.1 TITLE			· Change	Addition
TITLE	in a	_ bt	3.2 NAM	l		-	
NAME	to the safe			ET ADDRESS	en e	Plank, Judhari	14.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
STREET ADDRESS	J. 6. 9 .		3.4. CITY			門為機能	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Change:	Addition
NAME			4. 2 NAW	BE		,	
STREET ADDRESS	u'r	,	4.3 STRE	ET ADDRESS	•	•	
CITY-ST-ZIP	·		4.4 CITY			Change	Addition
TITLE		☐ DELETE	5.1 TITLI	1		CT Change	- Addition
NAME			5.2 NAM			•	
STREET ADDRESS	5			ET ADDRESS	e Arriva		
CITY-ST-ZIP	\$\frac{1}{2!}	☐ DELETE	5.4 CITY 6.1 TITL			Change	Addition
TITLE	- 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°		6.1 MAM			*	
NAME				EET ADORESS	•		
STREET ADDRESS	sl '		0.0 0110				

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 angular 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 18 if changed, or or man attachment with an address, with all other like empowered.

SIGNATURE: