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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G99466

(6)

H & C COMPANY, INC.

Mailing Address

Principal Place of Business 10090 W. BOTH CT. #1257 HIALEAH GARDENS FL 33016

10090 W. 80TH CT. #1257 HIALEAH GARDENS FL 33016-2239

FILED Mar 19 1997 8:00am Secretary of State



				3. Date incorporated or Qualified				
2. Principal Place of Business		28. Mailing Address		4. FET Number Applied		oplied For		
21		26		59-2502190 Not Appl		ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28	•		Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У	·	as liability for intangible tax under s. 199.032,		
24	25	29	30		I lorida Statutes Yes You No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Re	distated t	igent	
	ANT, BERNARD H		TVaile					
	N.W. 119 STREET #205		82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAN	MI FL 33168		83					
			"	'l .				
4			84	City			85 Zip	Code
office or re agent. I as	to the provisions of Sections 607,050 egistered agent or both, in the State in familiar with, and accept the obliga	of Horida, Such change was a	authorized b	ov the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of of the app	LL changing i sintineal as	ts registered registered
SIGNATURE	Signature, typed or printed name of registeric diagn	clased site of applicable (NOT)	E Hi-gistered As	jent signature nego	irea when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	PST	□ DHEE	1.1 TITLE				Change	Addition
NAME	CASTRO, HUGO		1.2 NAME					
STREET ADDRESS			13 STREE	LADDRESS				
CITY-ST-ZIP	HIALEAH GARDENS FL	·	1.4 C/1Y-	\$1 - 7iP		T		
TITLE	D	☐ DELETE	21 THLE				Change	Add-tion
NAME	CASTRO, HUGO		2.2 NAME					
STREET ADDRESS	10090 W. 80 COURT #1257			LADDRESS				
CITY-ST-ZIP	 		2. 4 CITY	ST-ZIP				
TITLE	□ DELETE 3.1 T		3.1 TITUE				Change	Addilion
NAME			3.2 NAME					
STREET ADDRESS			3.3 S1HU	LADDRESS				
City-St-zip			3.4. CITY	S1 - 2/F				
TITLE		DELETE	4.1 1/11 (Change	Addition
NAME			4. 2 NAME	ļ				
STREET ADDRESS				LADDRESS				
CITY-ST-ZIP TITLE	-	DELETE	4.4 CHY: 5.1 DHE	31-7H			Change	Addition
NAME		L., Date	5.2 NAME				\$g.	
STREET ADDRESS				LADDRESS				
CITY-ST-ZIP			5.4 CHY-					
TITLE		DOTH	6 1 7 HLE	S' ("			Change	Addition
NAME			6.2 NAME				-	
STREET ADDRESS			P	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-	- 1				
	by certify that the information supplied	with this filing does not qualit			d in Section 119.07(3)(r), Florida Statute	s. 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 it made under eath, 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 anythachment with an address.