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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H31320

1. Corporation Name

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 020 ***150.00

HOUMIN	IA, INC.									
	·									
Principal Plac	e of Business	Mailing Address				i imbitat minn trans trans errin tra	816 #815 B1R11 #1	Alt bibii diali	11841 01011 1881	
903 E. CAUSEWAY P. O. BOX 6394					•					
VERO BEACH FL 32963 VERO BEACH FL 32961										
						DO NOT WRITE IN THIS SPACE				
r						3. Date Incorporated or Qualifed 11/26/1984				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	
21		26				<u>59-2474777</u>			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75		
22	· · · · · · · · · · · · · · · · · · ·	27			•				equired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	,	
23		28	Cau			Trust Fund Contribution		Added	io rees	ĺ
Zip c	<u>-</u> '	Zip	Cou	пиу		8. This corporation owes the curre	ent year Inta	ingibie ∐Yes	□No	1
24	25 9. Name and Address of Current		30			Personal Property Tax. 10. Name and Address of New R	enistered A			l
	9. Name and Address of Current	Kedistelen Adelit		81 Nan	ne	(U. Italia alia Addices di Italia	ogistorea /	-8c		l
HOO	DSHMAND, HOOSHANG									
	4 19 PLACE		. <u></u>	82 Stre	et Addre	ss (P.O. Box Number is Not Accepta	iple)	-		1
VER	O BEACH FL 32960			83						ĺ
				84 City			FL	85 Zip (Code	
44 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s the a	hove-nam	ed como	ration submits this statement for the	purpose of	changing its	registered	ĺ
office or r	registered agent, or both, in the State o	f Florida. Such change was au	uthorized	i by the co	rporation	n's board of directors. I hereby accep	t the appoir	itment as re	gistered	
-	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ioa Stati	ues.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signatu	ire required	when reinstating)	DATE		—— }	ء ا
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	٤
TITLE	P	☐ DELETE	1.1 70	TLE		•		☐ Change	☐ Addition	3
NAME	HOOSHMAND, HOOSHANG		1.2 N	ME						3
STREET ADDRESS	570-C BEACHLAND BLVD.		1.3 S	REET ADDRE	SS					l i
CITY-ST-ZIP+	VERO BEACH FL	•	1.4 CI	TY-ST-ZIP						6
TITLE	ST	☐ DELETE	2.1 TT	ΠE	4				☐ Addition	١,
NAME	HOOSHMOND, CLARA J.				1			☐ Change	L Accidon	
STREET ADDRESS	570-C BEACHLAND BLVD.		2.2 N	ME				Change	Addition	ļ
CITY-ST-ZIP				ME REET ADORE	ss			Change	Accident	
TITLE	VERO BEACH FL		2.3 \$1		ss					
NAME	VERO BEACH FL	☐ DELETE	2.3 \$1	REET ADORE	ss			☐ Change	Addition	
	VERO BEACH FL	☐ DELETE	2.3 ST 2. 4 C	REET ADORE ITY-ST-ZIP TLE	SS					
STREET ADDRESS	VERO BEACH FL	☐ DELETE	2.3 ST 2. 4 C 3.1 TT 3.2 N/	REET ADORE ITY-ST-ZIP TLE						
STREET ADDRESS CITY-ST-ZIP	VERO BEACH FL	يدادي منتشدين الإساعات	2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1	REET ADDRE 1TY-ST-ZIP TLE AME		-		Change	Addition	
	VERO BEACH FL	☐ DELETE	2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1	REET ADORE TY-ST-ZIP TLE ME REET ADDRE TY-ST-ZIP			~			ا
CITY-ST-ZIP	VERO BEACH FL	يدادي منتشدين الإساعات	2.3 ST 2.4 C 3.1 TT 3.2 Nv 3.3 ST 3.4. C	REET ADORE TY-ST-ZIP TLE WME REET ADDRE TY-ST-ZIP TLE		 ~ .	~	Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	VERO BEACH FL	يدادي منتشدين الإساعات	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT	REET ADORE ITY-ST-ZIP TLE MME REET ADDRE TTY-ST-ZIP TLE AMME REET ADORE TY-ST-ZIP TLE	SS		~	Change	Addition	٠
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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: