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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J38526 (6)

1. Corporation Name  
**H & H JIMENEZ CORPORATION**

Principal Place of Business Mailing Address

PO BOX 415462 PO BOX 415462  
~~1650 MADONNA AVE STE 140~~ ~~1650 MADONNA AVE STE 140~~  
MIAMI FL 33141-9462 MIAMI FL 33141-9462  
US **L BEACH** US **L BEACH**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **P.O. Box 415462** 26 **P.O. Box 415462**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **MIAMI BEACH, FL** 28 **MIAMI BEACH, FL**

24 **33141-9462** 25 **U.S.A.** 29 **33141-9462** 30 **U.S.A.**

3. Date Incorporated or Qualified **10/20/1986** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-2739897** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**JIMENEZ, HORTENSIA**  
**7135 COLLINS AVE**  
**STE 616**  
**MIAMI BCH FL 33141-3228**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIMENEZ, HUGO A.</b>	1.2 NAME	
STREET ADDRESS	<b>7135 COLLINS AVE, STE 616</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BCH FL 33141-3228</b>	1.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33141-3228</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIMENEZ, HORTENSIA J.</b>	2.2 NAME	
STREET ADDRESS	<b>7135 COLLINS AVE, STE 616</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BCH FL 33141-3228</b>	2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33141-3228</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(A), 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.

SIGNATURE:  **DIRECTOR/PRESIDENT** (305) 861-0852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR