## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

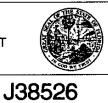
PROFIT CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name

SIGNATURE: (



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90020 015 \*\*\*550.00

H & H JIMENEZ CORPORATION		* 5 98363 - 90020 - 15 3 *
1	,	
Principal Place of Business	Mailing Address	T TORKILLO DE ON TELET TOTAL SERVE DELLE DELLE DE LA SERVE DESERVE DE LA SERVE

PO BOX 415462 MIAMI BEACH F US		2				415462 ACH FL 33141	-9462				DO NOT WRITE IN THIS SPACE
											3. Date Incorporated or Qualified 10/20/1986
2. Principal P	lace of Busin	ess		2	a. Maili	ng Address					4. FEI Number Applied For
21				26	]						<b>59-2739897</b> Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.						5.* Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	te		· · · · · · · · · · · · · · · · · · ·	28	7 Š	& State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Cour	ntry		Zip			Country			8. This corporation owes the current year
24	•	25	•	29	<del>-</del> 7 '					Intangible Personal Property. Yes No	
. <del></del>			tress of Currer	ıt Reg	istered	Agent					10. Name and Address of New Registered Agent
							•	81		Name	
JIME	nez, Hort	TENSIA						82	_	Cirrat Ad	Idress (P.O. Box Number is Not Acceptable)
8877	COLLINS	AVE						82	Ì '	Sueer Au	diess (F.O. Box Number is Not Acceptable)
APT :	501							83			
SURF	FSIDE FL 3	3154							L		
	W Sas		-					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			eme of registered age							nt signature n	equired when reinstating) DATE
12.	Orginatione, typeo	or printed to	OFFICERS AN				,,,,,,,,,,,	13.	40.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	DP					DELETE		1.1 TITLE			Change Addition
NAME	JIMENEZ.	HUGO .	A.					1.2 NAME			
STREET ADDRESS			/E APT 501					1.3 STREET	ΔΠ	DDRESS	
	SURFSIDE							1.4 CITY-ST			
CITY-ST-ZIP TITLE	D	- 1 - 00				DELETE	_	2.1 TITLE	-21	1T	Change Addition
NAME	JIMENEZ,	HORTE	L AIPM			- DEFEIG		2.2 NAME			Onlings /Admin
STREET ADDRESS			/E_APT_501					2.3 STREET	ΑD	nnucce	
CITY-ST-ZIP	SURFSIDE		/L,/41_1,001				1	2.4 CITY-ST		Ι,	
TITLE	OOTH OIDE	- 1 - 00				DELETE		3.1 TITLE	-21		Change Addition
NAME						□ DEFE IE	1	3.2 NAME			C Change C Addition
								3.3 STREET	·ΔΠ	nnpess	
STREET ADDRESS	}							3.4 CITY-ST			
CITY-ST-ZIP			a			DELETE	_	4.1 TITLE	-21		Change Addition
NAME	1					- OEFEIE		4.2 NAME			Onlarige Addition
STREET ADDRESS	{							4.3 STREET	ΔΠ	nDRESS	
							Į	4.4 CITY-ST			
CITY-ST-ZIP TITLE						DELETE		5.1 TITLE	~	.11	Change Addition
NAME						I'' DELETE		5.2 NAME			Change Addition
STREET ADDRESS							- 1	5.3 STREET	·ΔΠ	DORESS	
							- 1	5.4 CITY-ST			
CITY-ST-ZIP			•			00,000		6.1 TITLE	•21	ar	Change Addition
						DELETE		6.2 NAME			Change C Addition
NAME							1	6.3 STREET	· AP	nnpeee	
STREET ADDRESS						-	•		-		
CITY-ST-ZIP	artify that the	informati	on eunnlied with	thic fi	lina dos	e not avalify fo		6.4 CITY-ST			ection 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of	nn this annus	al conort o	or supplemental	annua	d renort	is true and ac	ccurate	and that	m	w sinnatu	re shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears