

FILED
Mar 12 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name
HOUER CORPORATION **K24803**

Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131 c/o Sofia Powell-Cosio	Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131 c/o Sofia Powell-Cosio
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/88**

4. FEI Number: **65-0050912**

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Sofia Powell-Cosio, P.A.
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name: **Sofia Powell-Cosio, P.A.**
82. Street Address (P.O. Box Number is Not Acceptable): **1390 Brickell Ave., Ste. 200**
83.
84. City: **Miami** **FL** 85. Zip Code: **33131**

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 607.0508, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when applicable) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	Iluertas, Homero
STREET ADDRESS	2843 S. Bayshore Dr. #15C
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002454978
5.3 STREET ADDRESS	-03/12/98--01016--032
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (10/97)

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