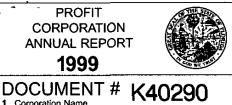
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90013 046 ***150.00

H J FOU	INDATION, INC.						
Principal Place	of Business	Mailing Address				BIBI) DIBN BIBN B	IEII DIDII IOGI
8510 NW 68TH STREET 8510 NW 68TH STREET							
MIAMI FL 33166 MIAMI FL 33166					DO NOT WRITE IN THE	C CDACE	
US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					10/18/1988		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	— Apr	plied For
 1	26				65-0080719	<u></u>	t Applicable
Suite, Apt. a	e, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	
22	27				5. Certifcate of Status Desired	Fee Red	I .
City & State	3	City & State			6. Election Campaign Financing	· - \$5.00 r	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	7	8. This corporation owes the current year In		_
24 -	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered	l Agent	
	YEV EDWIN W		81	Name			-
HICKEY, EDWIN W.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
9231 SW 52 AVE CORAL GABLES FL 33156							
COR	AL GABLES FL 33 130		83	1			
			84	City		85 Zip C	ode
					FI		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	if Florida. Such change was auth	norized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as reg	jistered
SIGNATURE							
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Age	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	DP OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OTIVINGES TO OTT ISENOT	Change	Addition
NAME	HICKEY, EDWIN W.		1.2 NAME			_ ,	
	9231 SW 52 AVE						
STREET ADDRESS	CORAL GABLES FL 33156		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			2.1 TITLE	31-ZIP		Change	Addition
ĺ			2.2 NAME			-	_
NAME			1	TADORESS			İ
STREET ADDRESS	N. MIAMI BEACH FL		2.4 CITY-	1			
CITY-ST-ZIP TITLE			3.1 TITLE	31.77	And the latest and th	Change	Addition
NAME	<u> </u>		3.2 NAME	1 =	•		_
STREET ADDRESS				T ADDRESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	<u>,, c.,</u>		☐ Change	☐ Addition
NAME			4. 2 NAME	.			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	-		Change	Addition
NAME			5.2 NAME		·		
STREET ADDRESS			5.3 STREE	TADDRESS	•		ļ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				[
STREET ADDRESS			6.3 STREE	TADDRESS			Ì

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 appendixes, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-22-99