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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

H-A-Z-	· IMVESII	MENIS, IN	٠,										
Principal Plac	e of Busines	SS		Ma	ailing Address					-	(B. 1881 <b>(818</b> 5) <b>(9</b> 1		
% GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE				% GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE									
MIAMI FL 33125				MIAMI FL 33125					DO NOT WRITE IN THIS SPACE				
	_									3. Date Incorporated or Qualified 04/24/1989			
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		A	oplied For
21				26						65-0268136		No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		<b>*</b>	Additional equired
City & State				City & State						6. Election Campaign Financing		\$5.00	May Be
23				28						Trust Fund Contribution			to Fees
Zip		Country		<u></u>	Zip		Country	•		8. This corporation owes or has p			_ ~
24		25		29		30				Personal Property Tax due Jur			JNo
9. Name and Address of Current					Registered Agent					10. Name and Address of New Registered Agent			
	LV <b>ar</b> ez, G						81	Мал	1ê				
3331 N.W. 19TH TERRACE MIAMI FL 33125								Stre	et Addre	dress (P.O. Box Number is Not Acceptable)			
							83						
							84	City		,	FL	<b>85</b> Zip	Code
11. Pursuant	to the provis	sions of Section	s 607.0502	and 60	07 1508, Florida S	latutes, the	above	-nam	ed corpo	ration submits this statement for the	purpose o	f changing it	s registered
office or r	egistered ag	gent, or both, in	the State o	f Florid	ta. Such change v , Section 607.05 <b>0</b> 5	vas authori S. Florida S	zed by	the c	orporatio	on's board of directors, I hereby acc	ept the app	ointment as	registered
•	arr regrammen av	in, and accept	The obligat	0113 01	, 30011011 007.0000	o, i fortada c	itatutee	o.					
SIGNATURE	Signature, typed	or printed name of t	og stered agent	and bile	if applicable	(NOTE Regist	ered Age	nt signa	ture required	when reinstating)	DATE		
12.		OFF	CERS AND	DIREC	TORS	1	3.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	DP				☐ DELETE	1.	1 TITLE					Change	Addition
NAME	,							1.2 NAME					
STREET ADDRESS								ADDRES	s				j
CITY-\$T-ZIP	MAIM	FL					CITY-S	1 - ZiP					
TITLE					☐ DEL€TE	2.	1 TITLE					☐ Change	Addition
NAME						2.3	2 NAME						J
STREET ADDRESS						2.3	STREET	ADDRES	S				ļ
CITY-ST-ZIP							4 CITY - S	I - ZIP					
TITLE	1				DELETE		1 TITLE					☐ Change	Addition
NAME						3.3	2 NAME		}				ł
STREET ADDRESS						3.:	STREET	ADDRES	s				
CITY-ST-ZIP							4. CITY - S	T-ZIP					
TITLE					☐ DELETE		1 TITLE					Change	Addition
NAME							2 NAME						
STREET ADDRESS							S STREET		s				
CITY-ST-ZIP					DELETE		CITY-S	T-ZIP				T 05	Address
TITLE					☐ DELETE		TITLE		ļ			☐ Change	Addition
NAME							NAME			5			
STREET ADDRESS							STREET		S	•			
CITY-ST-ZIP	· <b>-</b>	·			DELETE		CITY-S	I - ZIP				Change	Addition
TITLE					ווו טנונונ		TITLE					☐ Change	☐ Addition
NAME STREET ARRESTO							NAME	. n					
STREET ADDRESS						6.3 STR			s				
CITY-ST-ZIP	- Total		<del></del>			6.4	CITY-S	I - ZIP					

14. I hereby certify that the information supplied with this filting 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.

SIGNATURE: RUBEN ZEITUN

1-15-98

(306) 636-42-27

**FILED** 

Jan 23 1998 8:00am

Secretary of State