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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89956

(2)

H.O. LOPEZ AND ASSOCIATES, INC.

FILED Mar 18 1998 8:00am Secretary of State

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Principal Pla	ce of Business	Mailing Address				
330 SW 27 AVE. 6331 SAN VICENTE ST. STE 402 CORAL GABLES FL 3314 MIAMI FL 33135				DO NOT W	RITE IN THIS SPACE	
US					3. Date Incorporated or Qualif	ed
					05/22/1989	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0132099	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & Sta	te	City & State			6. Election Campaign Financin	g \$5.00 May Be
29		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Col	intry		s paid the current year Intengible
24	25	29	30		Personal Property Tax due J	· · ·
- 	9. Name and Address of Curre			T	10. Name and Address of New	
10				61 Name		
LOPEZ, HUMBERTO O. 6331 SAN VICENTE				<u> </u>		· · · · · · · · · · · · · · · · · · ·
				82 Street Address (P.O. Box Number is Not Acceptable)		ptable)
CORAL GABLES FL 33146				83		
				"		
				84 City		85 Zip Code
						1-1.)
11. Pursuani	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the a	bove-named	d corporation submits this statement for t poration's board of directors. I hereby a	he purpose of changing its registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505	, Florida Sta	tutes.	polation's board of directors. Thereby a	cept tre appointment as registered
SIGNATURE	·	•				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title 4 applicable (NOTE Registere	d Agent signatur	e required when reinstaling)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 T	TLE	CORAL CABLES!	☐ Change ☐ Addition
NAME	LOPEZ, HUMBERTO		1.2 N	AME	LILIA	te sr
STREET ADDRESS	6331 SAN VICENTE		1.3 \$	TREET ADDRESS	6381 170	7/ 12/6
CITY-ST-ZIP	CORAL GABLES FL		540	ITY-ST-ZIP	CORAL GABIES	-) 33.76
TITLE	PD	DELETE	2.1 TI			Change Addition
NAME	LOPEZ. HUMBERTO O		2.2 N	AME	1	
	6331 SAN VICENTE ST		1			
STREET ADDRESS			1	REET ADDRESS	1	
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE		ITY-ST-ZIP		Change Addition
TITLE	1	☐ bereig	3.1 TJ		1	TT CHANGE TT VOOLUGE
NAME	1		3.2 N			
STREET ADDRESS	1		3.3 ST	REET ADDRESS	(
CITY-ST-ZIP	<u> </u>		3.4. C	ITY-ST-ZIP		
TITLE			■	ft F	1	Change Addition
NAME)	☐ DELETE	4.1 Tr	, LL		
	1	☐ DELETE	4.1 T/ 4.2 N			
STREET ADDRESS	1	☐ DELETE	4.2 N			
STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.2 N 4.3 ST	AME		
		☐ DELETE	4.2 N 4.3 ST	AME TREET ADDRESS TY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE			4.2 N 4.3 ST 4.4 CI 5.1 TI	AME TREET ADDRESS TY-ST-ZIP TLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	AME TREET ADDRESS TY-ST-ZIP TLE AME		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS			4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NJ 5.3 S1	AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NJ 5.3 S1	AME IREET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition

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)(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.

3/10/84