


# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

<b>CORPORATION ANNUAL REPORT</b> <b>1995 1996</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																									
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">K 93660</span> 1. Corporation Name <b>H.H. SERVICES, INC.</b>																																											
Principal Place of Business <b>680 N.E. 180th Street N.M.B. FL 33162</b>		Mailing Address <b>680 N.E. 180th Street N.M.B. FL 33162</b>																																									
		DO NOT WRITE IN THIS SPACE																																									
2. Principal Place of Business <b>21 2383 Collins Ave</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Miami Beach FL</b> Zip <b>24 33139</b>		2a. Mailing Address <b>26 680 N.E. 180th Street</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 North Miami Beach, FL</b> Zip <b>29 33162</b>																																									
Country <b>25 DADE</b>		Country <b>30 DADE</b>																																									
9. Name and Address of Current Registered Agent <b>Ami Kenan</b>		10. Name and Address of New Registered Agent <b>Ami Kenan</b>																																									
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: <b>Ami Kenan</b> DATE: <b>04.28.96</b>		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: <b>Ami Kenan</b> DATE: <b>04.28.96</b>																																									
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE <b>P</b>            NAME <b>KENAN, AMIRAN</b>            STREET ADDRESS <b>680 NE 180 STREET</b>            CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b> </td> <td style="width: 50%;">           1.1 TITLE <b>P</b>            1.2 NAME <b>KENAN, AMIRAN</b>            1.3 STREET ADDRESS <b>680 NE 180 STREET</b>            1.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE <b>P</b> NAME <b>KENAN, AMIRAN</b> STREET ADDRESS <b>680 NE 180 STREET</b> CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b>	1.1 TITLE <b>P</b> 1.2 NAME <b>KENAN, AMIRAN</b> 1.3 STREET ADDRESS <b>680 NE 180 STREET</b> 1.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b>																			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           2.1 TITLE <b>P</b>            2.2 NAME <b>KENAN, AMIRAN</b>            2.3 STREET ADDRESS <b>680 NE 180 STREET</b>            2.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b> </td> <td style="width: 50%;">           3.1 TITLE <b>P</b>            3.2 NAME <b>KENAN, AMIRAN</b>            3.3 STREET ADDRESS <b>680 NE 180 STREET</b>            3.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		2.1 TITLE <b>P</b> 2.2 NAME <b>KENAN, AMIRAN</b> 2.3 STREET ADDRESS <b>680 NE 180 STREET</b> 2.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b>	3.1 TITLE <b>P</b> 3.2 NAME <b>KENAN, AMIRAN</b> 3.3 STREET ADDRESS <b>680 NE 180 STREET</b> 3.4 CITY - ST - ZIP <b>NORTH MIAMI BEACH, FL 33162</b>																		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <b>Ami Kenan</b> <i>president</i> <b>04.28.96</b> <b>305-4564455</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									