


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

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K95841 (8)

1. Corporation Name
H.L.L., INC.



| | |
|---|---|
| Principal Place of Business C/O KENNETH F. CLAUSSEN 701 BRICKELL AVE., SUITE 1600 MIAMI FL 33131 US | Mailing Address C/O KENNETH F. CLAUSSEN 701 BRICKELL AVE., SUITE 1600 MIAMI FL 33131 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 3100 N.W. 72 Ave. Suite, Apt. #, etc. 22 Suite # 116 City & State 23 Miami, FL. Zip 24 33122 Country 25 USA | 2a. Mailing Address 26 3100 NW. 72 Ave. Suite, Apt. #, etc. 27 Suite 116 City & State 28 Miami, FL. Zip 29 33122 Country 30 USA |
|---|---|

| | | |
|---|-----------------------------|--|
| 3. Date Incorporated or Qualified 06/13/1989 | 4. FEI Number 65-0157224 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

CLAUSSEN, KENNETH F.
 701 BRICKELL AVE.
 SUITE 1600
 MIAMI FL 33131

10. Name and Address of New Registered Agent

| | | | | |
|--------------------------|---|----|-------------------------|-------------------------|
| 81 Name Gabriel Prats | 82 Street Address (P.O. Box Number is Not Acceptable) 151 Majorca Avenue, #C | 83 | 84 City Coval Gables | 85 Zip Code FL 33134 |
|--------------------------|---|----|-------------------------|-------------------------|

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 *[Signature]* DATE 4-8-98

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------------------|--------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | HERZ, STEFAN | |
| STREET ADDRESS | 701 BRICKELL AVE., SUITE 10TH FLOOR | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | VPS | <input type="checkbox"/> |
| NAME | MIRIAM HERZ | |
| STREET ADDRESS | 701 BRICKELL AVE., 18TH FLOOR | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | S | <input type="checkbox"/> |
| NAME | SUAREZ, JUAN M. | |
| STREET ADDRESS | 701 BRICKELL AVE., 10TH FLOOR | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | CHANGE | ADDITION |
|---|---------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | HERZ, STEFAN | | |
| 1.3 STREET ADDRESS | 3100 NW. 72 Avenue, # 116 | | |
| 1.4 CITY - ST - ZIP | Miami, FL 33122 | | |
| 2.1 TITLE | VPS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | HERZ, MIRIAM | | |
| 2.3 STREET ADDRESS | 3100 NW. 72 Avenue, #116 | | |
| 2.4 CITY - ST - ZIP | Miami, FL 33122 | | |
| 3.1 TITLE | S | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | SUAREZ, JUAN M. | | |
| 3.3 STREET ADDRESS | 3100 NW 72 Avenue, # 116 | | |
| 3.4 CITY - ST - ZIP | Miami, FL 33122. | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)(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 *[Signature]* DATE 04/29/98 (385) 591-3174

CR2E034 (10/97)