

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 004 ***150.00
09-20-04- -01077- -001 **400.00

DOCUMENT # L00713

1. Entity Name
HUCA PROPERTIES, CORP.



Principal Place of Business
7050 FLAGLER ST.
MIAMI, FL 33144

Mailing Address
8500 SW 8 ST
228
MIAMI, FL 33144 US

54058048



DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0143329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
780 NW LEJEUNE RD
SUITE 400
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRAN, MANUEL A.
STREET ADDRESS 8460 SW 5 ST
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME CALLEJA, ANGEL
STREET ADDRESS 7560 SW 78 CT
CITY-ST-ZIP W. MIAMI, FL

TITLE D
NAME URALDE, ALDO
STREET ADDRESS 1310 SW 99 AVE
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-262-6533

Date

Daytime Phone #

Attachment

57058048

HUCA PROPERTIES

8500 SW 8 St.

Suite#228

Miami, FL 33144

(305) 262-6533

June 11, 2004

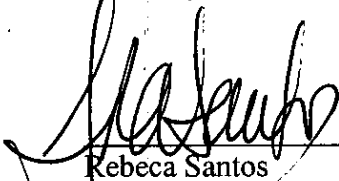
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Huca Properties
Document #L00713

To Whom It May Concern:

At this time we are requesting that the late fee be waived, for the above-mentioned property. Due to unforeseen circumstances, an accounts payable employee we recently let go did not process these documents for payment. On June 11, 2004 we discovered these reports were unpaid we called the FDOS department who instructed us to write this letter.

Sincerely



Rebeca Santos
Administrative Asst.