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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L11191

(8)

HG & GISILPAT, CORP.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T TO BELLEGET A DE JEMAN TEMPO SEMINE	(LD) Afbil Af b il Bi	/II	ter minne inne	
13615	GO GONZALES S.W. CORAL WAY FL 33175	% HUGO GONZALES 13615 S.W. CORAL WAY MIAMI FL 33175				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						08/24/1989				
2. Princ	cipal Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26	26			65-0140023	Not Applicable			
Suite 22	e, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired	
City	& State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip	— ·				Country 8. This corporation owes or has paid the current year Intangible					
24	25		90			Personal Property Tax due Jun			_] No	
	9, Name and Address of Current	t Hegistered Agent		1 Nar		10. Name and Address of New R	egistered Ag	ant		
	GONZALES, HUGO		•	IVA	ile					
	13615 S.W. CORAL WAY	82 Street Ad			et Addres	ss (P.O. Box Number is Not Accepta	ıble)			
	MIAMI FL 33175		8	3						
			B	4 City	,		FL	85 Zip	Code	
11 00	suant to the provisions of Sections 607.0503	2 and 607 1508 Florida Statutor	the abo	yo nam	od corpo	ration submits this statement for the		anging i	In registered	
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE										
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Rec 12. OFFICE RS AND DIRECTORS				gont eigna	sture required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDS AND D	IDECTOR	20 IN 12	
TITLE	PTD	DELETE 1.110			- 1	ADDITIONS/CHANGES TO OTT		Change	Addition	
NAME							L.	Change	Addition	
STREET AD			1.2 NAME 1.3 STREET ADDRESS							
	1 .	SHARA PI		-	33					
CITY-ST-	VSD	DELETE	1.4 CITY 2.1 TITLE					Change	Addition	
NAME	GONZALES, GILMA			2.1 TITLE 2.2 NAME			L	1 Onlinge	Addition	
	46649 6111 66664 111111		1	2.3 STREET ADDRESS					1	
STREET AD					»					
CITY-ST-	ZIP MIAMI FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE					Change	Addition	
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NAME	paras			3.2 NAME 3.3 STREET ADDRESS					1	
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NAME		בַן טנננונ	4.1 IIILE				_	, unange	L. Addition	
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STREET AD			4.3 STREE		99					
CITY-ST-2	(11)	☐ DELÉTE	4.4 CITY- 5.1 TITLE					Change	Addition	
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	nacce									
STREET AD			5.3 STREE		30					
CITY-ST-2	ar .			ST-ZIP				Change	Addition	
	1	ב שננונ	6.1 TITLE		1		_) Onlange	L AUGITION	
NAME CYDEET AD	norce		6.2 NAME		~					
STREET AD			6.3 STREE		ss					
CITY-ST-2	roby partify that the information available us	0. ALC: 616 - description	6.4 CITY	ST+ZIP		alice 440 07/0V/N Flexide Classifica	1.6 16	- N A Al		

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 informatio 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 laddress.

SIGNATURE:

04-26-98/305-2233624