Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58663

1. Corporation Name

City & State

23

24

Zip

H & Z INTERNATIONAL, INC.

Principal Place of Business	Mailing Address			
85 E. MERRITT AVENUE MERRITT ISLAND FL 32963	85EAST MERRITT AVE MERRITT ISLAND FL 32953 US			
2. Principal Place of Business	2a. Mailing Address			
21 Suite Ant # ata	26 Suite Ant # etc			

27

28

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

EL-HAWARY, HUSSE	IN R.
85 E MERRITT AVE	
MERRITT ISLAND FI	32953

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90098 027 ***150.00



DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

03/15/1990 4. FEI Number

59-2996040

MEHI	HIII ISLANU FL 32953		83						
			84	City	FL_8				
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, type of printed name of registered agent and title if ephicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI				
TITLE	PT	☐ DELETE	1.1 TITLE			Change	Addition		
NAME .	EL-HAWARY, HUSSEIN R.		1.2 NAME				i		
STREET ADDRESS	1366 S BANANA RIVER DR	ì	1.3 STREE	T ADDRESS			1		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-S	T-ZIP					
TITLE	VS	☐ DELETE	2.1 TITLE	_ [Change	Addition		
NAME	EL-HAWARY, GOZAIL		2.2 NAME	Ì					
STREET ADDRESS	1366 S BANANA RIVER DR		2.3 STREE	T ADDRESS			1		
CITY-ST-ZIP	MERRITT ISLAND FL		2. 4 CITY-5	T-ZIP					
TITLE	-	~ DELETE	· 3.1 TITLE -		- · · · · · · ·	Change	Addition		
NAME	·		3.2 NAME						
STREET ADDRESS		1	3.3 STREE	TADDRESS			Ì		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS			Ì		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			<u></u>		
TITLE		☐ DELETE	5.1 TITLE		П	Change	Addition		
NAME			5.2 NAME	I					
STREET ADDRESS			5.3 STREE	T ADDRESS			ĺ		
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZiP					
ππLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME				}		
STREET ADDRESS			6.3 STREE	T ADDRESS			}		
CITY-ST-7IP			6.4 CITY-S	T-ZIP					

Country

30

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, with all other like empowered.