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 # L63625

(2)

HARLANO INVESTMENTS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100 110 11 010 0110 0 1110 01110 1110 1110 1	111 91911 91811 911	AL BEST BISE	
625 BILTMOR APT 902 CORAL GABL US		C/O ELIZABETH BUTTLE 625 BILTMORE WAY, APT CORAL GABLES FL 33134 US	625 BILTMORE WAY, APT 902 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						04/04/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	***	Ap	plied For
21		26				59-3006360		-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	t 1			5. Certificate of Status Desired		\$8.75 A	
City & Stat	θ	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip				8. This corporation owes or has p			
24	25		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ni Hegistered Agent		81	Name	10, Name and Address of New F	egistered Ag	ent	
	WNEY, GRACIELLA		[ا"	Name				
	20 Fe rdinand Street Bral Gables FL 33134		[82 Street A		ess (P.O. Box Number is Not Accepta	ble)		
			Ī	83					
			ħ	84	City		FL	85 Zip (Code
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 Elevida. 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 typed or pointed name of registered again and lide of applicable (NOTE: Registered Agent signature required when renstating) DATE									
12,		NO DIRECTORS (NOVE)	13.	Ager	it signature require	ADDITIONS/CHANGES TO OFFI		IRECTOR	S IN 12
TITLE	D	DELETE	1.1 1010			ADDITIONO/OFFANGES TO OFF		Change	Addition
NAME	BUTTLE, BETTY			1.2 NAME 1.3 STREET ADDRESS				•	_
STREET ADDRESS	625 BILTMORE WAY, APT 90	02	13 STA						
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP						
TITLE	D	☐ DĒLETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS				Change	Addition
NAME	Buttle, Elizabeth		2.2 NAM						
STREET ADDRESS	625 BILTMORE WAY, APT 90	02	2.3 STR						
CITY-ST-ZIP	CORAL GABLES FL		2.4 CIT	Y-\$1	T-ZIP				
TITLE	-	L_) DELETE	3.1 TITE	3.1 TITLE			L	Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP					T-ZIP				
TITLE	DÉLETE 4			4.1 TITLE			L.	Change	L_ Addition
NAME			4 2 NA						
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP					1 - ZIP			Ta:	
TITLE				5.1 TITLE			L	Change	Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T briege	5.4 CIT		- ZIP			Channe	Addition
TITLE		DELETE	6.1 TITL				L	Change	☐ Addition
NAME			6.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		20 21 22	6.4 CIT	Y-S1		Continue 440 07/00/0) Final Continue	(£	C . 4l 4 Al	1-5

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 frue 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 receiverfor 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 altrichment with an address.