## 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 # HECFER CORP.

(8)

## **FILED** Apr 17 1998 8:00am Secretary of State

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1						. 1811   1214   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224   1224   122	
Principal Place of Business Mailing Address						atarı ararı biarı ararı bibir 1831	
17221 SW 12 ST PEMBROKE PINES FL 33029 US			17221 SW 12ST PEMBROKE PINES F US	:L 36029	DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>05/01/1990</li> </ol>		
2.	Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21			26		65-0200768	Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22			27		Fee Required		
Ц	City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23			[28]		Trust Fund Contribution	Added to Fees	
١.,	Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24		25	[29]	30	Personal Property Tax due June 30.	Yes No	
Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered Agent		
nounducti Unimer							
1 B21 Street Address (P.O. Box Number in Not Acceptable)							
MIAMI SPRINGS FL 33166 17227 500 7227							
63							
				84 Pity	rote Pines F	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 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 MUMON RODING - CARMEN KOORIS						4/13/98	
Algorithms typed or profess roam a classificial and tribe it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12		OFFICERS	S AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition	
TIT		RIGUEZ, DIGNA	(") OFFEIE	1.1 TITLE		LI Change LI Addition	
NAI	4700	•		1.2 NAME			
STF	STREET ADDRESS 17221 SW 12ST PEMBROKE PINES FL		1.3 STREET ADDRESS				
		DRUKE PINES PL		1.4 CITY - ST - ZIP			
TIT		DIALIET AADMEN	☐ DELETE	2.1 THILE	•	☐ Change ☐ Addition	
NA	···	RIGUEZ, CARMEN		2.2 NAME		}	
STR		1 SW 12ST		2 3 STREET ADDRESS			
_		BROKE PINES FL		2 4 CITY - ST - ZIP	<u> </u>		
TIT			☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAJ	ME   VASO	Buez, Dennis		3 2 NAME			

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 attack ment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5 4 CHY-S1-ZIP

4.4 CITY-ST-ZIP

3 4. CITY - ST - ZIP

41 TITLE 4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

17221 SW 12ST

PEMBROKE PINES FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

NAME

TITLE

NAME

954-704-1122

Change

Change

[\_\_ Change

Addition

Addition

Addition