

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14471 (0)

1. Corporation Name
HI FI CORNER INC.

Principal Place of Business
9149 FROUDE AVE
SURFSIDE FL 33154

Mailing Address
9149 FROUDE AVE
SURFSIDE FL 33154-3115

3. Date Incorporated or Qualified 04/25/1985
3a. Date of Last Report 04/17/1996

2. Principal Place of Business
21 11 11 88 STREET
2a. Mailing Address
26 11 11 88 STREET

22 SURFSIDE, FLORIDA
27 SURFSIDE FL.
City & State
23 33154
28
City & State

24 Zip 25 DADE
29 33154 30 DADE
Country

4. FEI Number 59-2544915
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARARI, DAVID
9149 FROUDE AVE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name DAVID HARARI
82 Street Address (P.O. Box Number is Not Acceptable)
11 11 88 STREET
83 SURFSIDE, FLORIDA
84 City
85 FL Zip Code 33154

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 David Harari (NOTE: Registered Agent signature required when reinstating) DATE 4-14-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HARARI, DAVID	1.2 NAME	
STREET ADDRESS	9149 FROUDE AVE 11 11 88 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL SURFSIDE, FL.	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HARARI, ELAINE	2.2 NAME	
STREET ADDRESS	9149 FROUDE AVE 11 11 88 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL SURFSIDE, FL.	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: David Harari (NOTE: Registered Agent signature required when reinstating) DATE 4-14-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0206056

CR2E034 (9/96)