SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:55

DOCUMENT # M25470 (9)

1. Corporation Name
HILGO DEVELOPERS, INC.

Principal Place of Business	Mailing Address
~~7731 W. 7 AVE.~~ HIALEAH FL 33014	7731 W. ~~7 AVE.~~ HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1986
3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-2620154 — 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

2. Principal Place of Business	2a. Mailing Address
21 15476 N.W. 77 ct.	26 15476 NW. 77 ct.
22 Suite, Apt. #, etc.: #470	27 Suite, Apt. #, etc.: #470
23 City & State: Hialeah Miami Lakes, Fla.	28 City & State: Miami Lakes, Fla.
24 Zip: 33016 — 25 Country: USA	29 Zip: 33016 — 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL, NIRMA 7731 W. 7TH AVE. HIALEAH FL 33014	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 85 Zip Code

11. Pursuant to the provisions of Section 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO 12	
TITLE	DPS	1.1 TITLE	☑ Change ☐ Addition
NAME	HILL, NIRMA	1.2 NAME	
STREET ADDRESS	7731 W. 7 AVE.	1.3 STREET ADDRESS	15476 N.W. 77 ct.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Miami Lakes Fla. 33016
TITLE	DV	2.1 TITLE	☑ Change ☐ Addition
NAME	HILL, JESUS	2.2 NAME	
STREET ADDRESS	7731 W. 7 AVE.	2.3 STREET ADDRESS	15476 N.W. 77 ct.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Miami Lakes Fla. 33016
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	PINA, NIRMA	3.2 NAME	
STREET ADDRESS	8560 NORTHWEST 164 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NIRMA, PINA	4.2 NAME	
STREET ADDRESS	5824 W. 16 LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TITLE — DAYTIME PHONE #

CR2E034 (3/95)