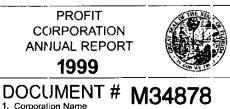
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90087 007 \*\*\*150.00

1 - H- HN	VESTMENTS CORF.						
Principal Place	e of Business	Mailing Address				T 1981-08% (86 11)II 3100+ Jalet (880) (811 Bibet Ardit atdit atdit atdit atdit atdit atdit atdit	
425 ALEDO AVI CORAL GABLES		425 ALEDO AVE CORAL GABLES FL 33134	ļ			DO NOT WRITE IN TH S SPACE	
						3. Date Incorporated or Qualified 07/08/1986	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu nber App ied For	
21		26			<b>59-2803882</b> Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  5. Certificate of Status Desired	
22		27			5. Certificate of Status Desired Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Coun ry	Zip	Country			8. This corporation owes the current year Intangible	
24	25	29	30			Person al Property Tax. Yes []No	
	9. Name and Address of Curren	t Registered Agent	-			10. Name and Address of New Registere 1 Agent	
LIE'D	DEDA DICHADO			81	Name		
HERRERA, RICHARD 425 ALEDO AVE.			t	82 Street Address (P.O. Box Number is Not Acceptable)			
COR	IAL GABLES FL 33134			83			
				84	City	FL 85 Zip Code	
agent. ra	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second control of familiar with a second control of familiar with a second control of familiar with, and accept the obligation of familiar with a second control of familiar with a	nt and title if applicable (NOT	i : Registered		signature re	equired when reinstating) DATE	
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1 1 TIT	1 1 TITLE		, Change Addition	
NAME	HERRERA, ALEX		1 2 NA	1 2 NAME			
STREET ADDRESS	3905 RIVIERA DR.		1.3 STI	1.3 STREET			
CITY-ST-ZIP	CORAL GABLES FL 33134			14 CITY-ST-ZIP		Prishage Addition	
TITLE	P	☐ DELETE		21 TITLE		Richard Herrera Press Change Maddidon	
NAME	HERRERA, RICHARD		2 2 NA			RICHARD HETTER PRES Change Addition  225 ALEBO AVE  CORAL GABLES PL 33134	
STREET ADDRESS					ADDRESS	FORMI FORIES BL 33134	
CITY-ST-ZIP	CORAL GABLES FL 33134		_	2. 4 CITY-ST-		Change Addition	
TITLE	VP	☐ DELETE		3.1 TITLE 3.2 NAME		Change [ Mullion	
NAME	HERRERA, JOHN						
STREET ADDRE IS	1				ADORESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	3.4 CIT		r- ZIP	Change Addition	
TITLE		C perete					
NAME			4 2 NAME 4 3 STREE		ADDDESS		
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		- 415	Change Addition	
NAME			5 2 NA		ļ	<del>_</del>	
STREET ADDRESS.					ADDRESS		
CITY-ST-ZIP	ETADDRE S			5.4 CITY-ST-ZIP			
TITLE			6 1 TIT		1	☐ Change ☐ Addition	
NAME			62 NA	ME			
STREET ADDRESS			6.3 STI	REET	ADDRESS		
2.7.2.7.00.00.00			64 CIT	ry-ST	-7IP		

14. I hereb / certify that the informat on 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attackment with an address. With all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR