

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

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # *M 63022 (1)*  
1. Corporation Name

*H. E. T., Inc.*

Principal Place of Business

Mailing Address

*8490 SW. 86 CT. 8490 SW. 86 CT.  
Miami, Fla. 33143 Miami, Fla. 33143*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*DATE of LAST Report*

*11/25/1987*

*4/6/97*

4. FEI Number

*605-0017292*

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 *8490 SW. 86 CT.*

26 *Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 *MIAMI, FLA*

28 *MIAMI, FLA*

Zip

Country

Zip

Country

24 *33143*

25 *DADE*

29 *FL*

30 *FL*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*TRAVIOSO Hector Eugenio  
8490 SW. 86 CT.  
Miami, FLA. 33143  
(FOR H. E. T. INC)*

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 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

*[Signature]*  
Signature (typed or printed name of registered agent and title if applicable)

*President*  
(NOTE: Registered Agent signature required when reappointing)

*4/1/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *President* ☐ DELETE

NAME *TRAVIOSO Hector E.*  
STREET ADDRESS *8490 SW. 86 CT.*  
CITY-ST-ZIP *MIAMI FLA. 33143*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/98* *472-2287*

CR2E034 (10/97)