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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000576 (9)**

1. Corporation Name

H.E.D.S.S. UP, INC.

Principal Place of Business

Mailing Address

8251 S.W. 43RD TERRACE
MIAMI FL 33155

8251 S.W. 43RD TERRACE
MIAMI FL 33155

3. Date Incorporated or Qualified

02/09/1993

4. FEI Number

65-0394527

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing.
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, ELIZABETH
8251 S.W. 43RD TERRACE
MIAMI FL 33155

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Elizabeth Alvarez, President/Chairman
Signature, typed or printed name of registered agent and title if applicable.

1/21/98

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE

NAME ALVAREZ, ELIZABETH
STREET ADDRESS 8251 S.W. 43 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ DELETE

NAME ALVAREZ, MARIA
STREET ADDRESS 8251 SW 43RD TERR
CITY-ST-ZIP MIAMI FL

TITLE STD ☒ DELETE

NAME FRANCOIS, ILLAS
STREET ADDRESS 9427 SW 5TH LANE
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME GOMEZ, JANE
STREET ADDRESS 12 HOLLY DRIVE
CITY-ST-ZIP U.S.R. NJ 07458

TITLE D ☒ DELETE

NAME GOMEZ, MICHAEL
STREET ADDRESS 1-23-17-201 NAKANOGI
CITY-ST-ZIP FUNABASHI CH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Alvarez*

1/21/98

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CR2E037 (10/97)