FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9200000623 (8)

H.B.P., INC.

1. Corporation Name



19398 SW 248 Homestead I US			19398 SW 248 ST HOMESTEAD FL 33031 US		3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995				
2. Principal Place	of Business	2a. Mailing Addres	s		4. FEI Number			Applied For	
21		26			65-0363949			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. 6	Suite, Apt. #. etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
23	Country	28	Countr		8. This corporation has liability for	intangible tax			
Zip 24	25	29	30	,	, 	□ No		•	
	9 Name and Address of Curren				10. Name and Address of New R	legistered A	gent		
	<u> </u>		81	Name					
PREVITI	PETER ESO		82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)			
	NSET DR			Onder ride					
SUITE 210				1					
MIAMI FL 33143			84	City			B5 Z	ıp Code	
				, ,	pration submits this statement for the pu	FL	1_1_	 	
12. TITLE NAME	D Hannan, Ralph A	DIDIRECTORS	1.2 NAM	ļ	tannan, Linda D			Addition	
STREET ADDRESS	19398 SW 248TH ST			T ADORESS I	romested FL 3	2021			
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6 4 CITY - ST - ZIP CITY-ST-ZIP 14. Ido 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 early; 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

1-17-96 305 -346-8654