**FILED** 

03-02-1999 90125 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P93000 HIFFIN ROAD INC.	018544			
Principal Place	of Business	Mailing Address			
,		1150 N.W. 72ND AVENUE			
2080 W. GRIFFIN RD. 1150 N.W. 72ND AVENUE DANIA FL 33312 SUITE 307					<del>سین سید</del> ۱۰ بربه بریشت و ب
O/11111 / E 00011	·	MIAMI FL 33126		DO NOT WRITE IN T	HIS SPACE
-	<del></del>	US		3. Date Incorporated or Qualifed	
				03/11/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 .		26		65-0393712	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6: Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30	0	Personal Property Tax.	
ļ	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
QUINTANA, BEATRIZ 1 <del>0650 S.W. 78TH AVE:</del> MI <del>AMI FL 33158</del>			-		
			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	10	85 Zip Code
			1 1 77	niami.	
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was auth	orized by the corpor:	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: Ri	egistered Agent signature requ	uired when reinstating) DATE	
12.	<u> </u>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		Change  Addition
NAME	QUINTANA, BEATRIZ		1.2 NAME		,
STREET ADDRESS	10650 S.W. 76TH AVE.		1.3 STREET ADDRESS	8420 5.W. 89 bb 5t	
CITY-ST-ZIP	MIAMI-FL-33156-		1,4 CITY-ST-ZIP	m14m1, F1 33156	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
1			5.2 NAME	•	
NAME CTREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		Ì
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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 shaped, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 7

NAME

STREET ADDRESS

1/10/99