

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022413 (7)

1. Corporation Name

HOUSE TO HOUSE INC.



Principal Place of Business

Mailing Address

8357 NW 68TH ST
MIAMI FL 33166
US

8357 NW 68TH ST
MIAMI FL 33166
US

3. Date Incorporated or Qualified
03/25/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 5344 SW 153 COURT
Suite, Apt. #, etc.

26 5344 SW. 153 CT.
Suite, Apt. #, etc.

4. FEI Number
65-0440554

Applied For
Not Applicable

22 City & State
23 MIAMI - FL

27 City & State
28 MIAMI - FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 33185 Country USA

29 Zip 33185 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOS, JOAQUIN
8357 NW 68TH ST
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5344 SW 153 CT

84 City MIAMI, FL FL 85 Zip Code 33185

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, type or print name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRIBARI, OSCAR
STREET ADDRESS 8357 NW 68TH ST
CITY-STATE-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VSD
NAME GOFFI, DOSOLINDA
STREET ADDRESS CALLE 3 ARBOLES 374 CASTELAR
CITY-STATE-ZIP BUENOS AIRES AR

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE AS
NAME SANTOS, JOAQUIN
STREET ADDRESS 1403 COLUMBUS BLVD
CITY-STATE-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 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:

MANAGER

01/29/96 (305) 716-1090

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)