## 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

P93000033846 (5) DOCUMENT #

HF	HEDMANDEZ	<b>ENTERPRISES</b>	INIC
		CIVIEDEDIACA	MAIL 1.



Principal Place of Business Mailing Address				- HADILEDA HID ARKED THEN CONTIN BOLIN BRING BRIDGE NEEDS THEN TOTAL TOTAL BOLIN BIRLY FOR THE								
25525 SW 124TH PLACE MIAMI FL 33032 US  2. Principal Place of Business							·····					
							05/10/1993				e of Last Report 07/17/1995	
2. Principal Pi	ace of Business	2a. Maili 26	ing Address			4	FEI Numb	er -0408814				Applied For Not Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.			5	. Certificate	of Status De	sired	Ú.		5 Additional
City & State		City	City & State			6	6. Election Campaign Financing \$5.00 May Be					
Zip	Country	28 Zip		Country	,	8.		d Contribution oration has lial		tangiløfe t		ed to Fees
24	25	29		30			Florida Sta		☐ Yes	Ū2No	201 (211)201 (	, 150,002,
	9. Name and Address of Curre	nt Registered	Agent			10	. Name an	d Address o	f New Re	gistered	Agent	
				81	Na	inte						
HERN.	ANDEZ, VIVIAN			02	Ctr	eet Address (F	O Day Niv	nah ay ia Mad A				
25525	SW 124TH PLACE				82 Street A		O. DUX INU	(TIDBLIS NOLA	ссертарк	9)		
	FL 33032			83		···		···				
				84	Cit	У				FL	85 Z	ip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607,0502 ed agent, or both, in the State of Fiori th, and accept the obligations of, Sect	2 and 607,150 da. Such char tion 607,0505	8, Florida Statute ige was authorize	es, the above r od by the corp	L name oratio	d corporation : on's board of c	submits this directors. I hi	statement for ereby accept	r the purp the appoi		anging its registere	registered office d agent. I am
SIGNATURE												
12.	Signature, typed or printed name of registered agen				il signa	ture required when r				DATE		
TITLE	OFFICERS AN	DURECTORS	T T	13.			ADDITIONS	S/CHANGES	TO OFFIC			DRS IN 12
NAME	HERNANDEZ, VIVIAN		☐ DELE1E	1. 1 TITLE							Change	Addition
	25525 SW 124TH PLACE			1.2 NAME								
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			1.3 STREET 1.4 CITY - S		ESS						
TITLE	TD		DELETE	2 1 TITLE							Change	
NAME	HERNANDEZ, LAZARO			2.2 NAME								[] Noonion
STREET ADDRESS	25525 SW 124TH PLACE			2 3 STREET	ADDRE	rss						
CITY-ST-ZIP	MIAMI FL			2 4 CHY-S		.00						
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CITY-ST-ZIP				4.4 CITY - S								
TITLE			DELFTE	5. 1 HTLE			·		<del></del>	Г	Change	Addition
NAME				5.2 NAME						L	0.111.190	L Noution
STREET ADDRESS				5.3 STREET	ADDRF	ss l						
CITY-ST-ZIP				5.4 C(1) - S1								]
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NAME			-	6.2 NAME						L	onange	LT Managan
STREET ADDRESS					A DDDF							
CiTY-ST-ZIP				63 STREET		.00						
	certify that the information convelled a	vida Maia Chan i		6.4 CITY - S1	1 - ZIP	1						

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), Fiorida 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 orthustee 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 attrachment with an address.

SIGNATURE:

GOFFICER OR DIRECTOR HESTIGNATE TO SEE CONTROL PROPERTY OF THE PROPERTY OF THE