SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE-05716/99, 1550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

COF ANNU	PROFIT RPORATION JAL REPORT	Katheri Secreta	RTMENT OF STATE ine Harris ry of State)	
	1999 MENT # P93000042063		CORPORATIONS	99 NOV 29 AH 10:	ž. 1	
	DER H. FACTORS INTERNATI	CONAL, INC.	Amendo	SEUNETARY LI STATALLAHASSEE, FLORI	TE IDA	
Principal Flac	e of Business M	lailing Address	- -			
9300 NW 58 ST 9300 NW 58 ST Suite 209 Suite 209				DO NOT WRITE IN THIS SPACE		
Miami, Fl. 33178 Miami, Fl. 33178				3. Date incorporated or Qualified 06/09/ 1993		
· ·	<u>⊢</u> ¬	. Mailing Address		4. FEI Number	pplied For	
Suite, Apt	# etc 26	Suite, Apt. #, etc.			ot Applicable Additional	
22		oute, Apr. W. etc.			Additional equired	
Crty & Stat	e 28	City & State			May Be to Fees	
Z(p 24	Country 29	Zip	Country 30	8. This corporation owes the current year Intengible Personal Property.	No	
<u> </u>	9. Name and Address of Current Regis	stered Agent	[30]	10. Name and Address of New Registered Agent		
			61 Name	AR CINILL		
JAIME CUNILL 82 Street Address (P.O. Box Number is Not Acceptable)						
MANUEL COHEN			83	NW 58 Street		
	9300 AW 58 STREET		Sui	te 209		
	MIAMI, FL. 93178		84 City Milan	$\mathbf{FL} = \begin{bmatrix} \mathbf{e}_{\mathbf{z}} & \mathbf{z}_{\mathbf{z}} \\ \mathbf{z}_{\mathbf{z}} \\ \mathbf{z}_{\mathbf{z}} \end{bmatrix}$	Code 178	
11. Pursuant office or agent. 1	to the provisions of sections 607.0502 and b registered agent, or both, in the State of Flor am familiar with, and accept the obligations of	07.1508, Florida Statute da. Such change was a f _u section 607.05 75 , Flo	s, the above-named cor- uthorized by the corpor- rida Statutes.	poration submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as re-	gistered gistered	
SIGNATURE		unu -		11-18-99		
12.	Signature, typed or printed name of registered agent and title OFFICERS AND DIRE		TE: Registered Agent signature of 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
TITLE	DPMST	DELETE		PS Change	Addition	
NAME	COHEN, MANUEL			CUNILL, JAIME		
STREET ADDRESS CITY-ST-ZIP	9300 NW 58 Street - Sui	te 209		9300 NW 58 Street - Suite 209		
TITLE	Miami, F1. 33178	DELETE	2.1 TITLE	iami, F1. 33178	Addition	
NAME	MARINAKYS, JUAN C.		2.2 NAME			
STREET ADDRESS	9300 NW 58 Street - Sui	te 209	2.3 STREET ADDRESS	-700003067207 -12/13/99010080	08 -—≅	
CITY-ST-ZIP TITLE	Miami, F1. 33178		2.4 CITY-ST-ZIP 3.1 TITLE		125	
NAME		DELETE	3.2 NAME	L Change	TT Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE NAME		DELETE	4.1 TITLE 4.2 NAME	Change	Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	-		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME OZOCET ADODECE			5.2 NAME	•		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ertify that the information supplied with this filin	ng does not qualify for th	6.4 CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further certify that the infor	mation	
indicated of an officer of	any making mormatory supplies with this lim on this annual report of supplier lental annual or director of the corporation of the receiver of 2 or Block 13 if changed, or on an attachment	repert is true and accur or thustee empowered to	ate and that my signatu execute this report as	ection (19.07(3)(), Florida Statutes. Further certify that the infor re shall have the same legal effect as if made under oath; that I equired by Chapter 607, Florida Statutes; and that my name ap	am pears	
SIGNAT	- Hair			11-18-99 (3ov) vg	3.530	
SICIAN	SIGNATURE AND TYPED OR PRINTED	NAME OF BIGNING OFFICER	OR DIRECTOR	Date Davtime Phone #		