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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1 | 1997 |
|---|------|
| | |

DOCUMENT # P93000063520 (9)

| 1. Corporation | | | ` | • • | | | | | | |
|--------------------------------|-----------------|---|---|--|---|--------------------|---|-------------------|---------------------|-------------|
| HELLO S | shops, i | NC. | | | | | ļ | | | |
| | | | | | | | <u> </u> | | | |
| | | | | | | | | <u> </u> | | |
| Principal Place of Business | | | Mailing Address | Mailing Address | | | 1 (001/00) (48 (012) (111) 40(0 EE(1) 40 | ***************** | # 414#3 #335# 11#11 | •••• •••• |
| 1020! HAMMOCKS BLVD | | | 10201 HAMMOCKS BLVD #113 Miami Fl 33196-3780 US | | | | | | | |
| #113 MIAMI FL 33196 US | | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | |
| | | | | | | •• | 09/09/1993 04/30/1996 | | | |
| 2. Principal Place of Business | | | 2a, Mailing Addres | | · · · · · · · · · · · · · · · · · · · | | 4. FEI Number | | | plied For |
| 21 | | | 26 | | | | 65-0437915 | | | Applicable |
| Suite, Apt | #, etc | | Suite, Apt. #, e | ic. | *************************************** | | | | \$8.75 A | |
| 22 | | | 27 | | | | 5. Certificate of Status Desired | | Fee Rec | duited |
| City & State |) | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | 28 | | | | Trust Fund Contribution | | Added to | |
| Žip | | Country | Zip | | Country | 1 | 8. This corporation has liability for | | | 199.032, |
| 24 | | 25 | 29 | 30 | | | | Yes [| | |
| | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | rent Registered Agent | | 81 | Name | 10. Name and Address of New R | agistered | Agent | |
| | W AGENT | | | | l°' | 1 | | | | i |
| | 0 S DADEL | AND READ | | | 82 | Street Add | fress (P.O. Box Number is Not Accepta | ble) | | |
| PH | | • | | | 83 | | | | · | |
| MIA | MI FL 3315 | 6 | | | " | | | | | |
| | | | | | 84 | City | | FL | 85 Zip C | ode |
| 44 5 | | and Continue CO2 | 0000 and 007 1509 Florida | Ctatutan | bo lou | o pamod cor | poration submits this statement for the | | • | hevetsings |
| office or r | egistered ag | ent, or both, in the St | 0502 and 607.1508, Florida ate of Florida Such chang digations of Section 607.0 | e was auth | oriz b | y the corpore | ation's board of directors. Thereby acce | porpose o | ointment as r | registered |
| agent La | mī familia≀ wi | h, and accept the ob | oligations of Section 607.0 | 505, Ftorida | St. te | S. | | | | |
| SIGNATURE | Stonalous tened | or printed name of tog state: | anout and top if anolicable | (NOTE: Re | giste Age | ent signature requ | uired when reinstating) | DATE | | |
| 12. | | | AND DIRECTORS | | 13 | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTORS | WTZ WWE |
| TITLE | D | | ☐ DEL | ETE | 1.1 | | | | Change | Addition |
| NAME | | etter, bill | | | 1.2 VE | | | | | |
| STREET ADDRESS | 13805 S | W 106 TERR | | ŀ | 1.3 REET | ADDRESS | | | | |
| D/TY-ST-7/P | MIAMI FI | . 33186 | | | 1.4 Y-5 | ST - 24P | | | | |
| THLE | 1 | | ☐ D£Li | ETE | 2.11 LE | | | | Change | Addition |
| NAME: | | | | ľ | 2.2 N ME | | | | | |
| STREET ADDRESS | | | | | 2.8 SHEET | ADDRESS | | | | |
| CITY - S1 - ZIP | | | | | 2. 4 TY- | ST-ZIP | | | | |
| TITLE | | 100000 | ☐ DEL | ETE | 3.1 TLE | | | | Change | Addition |
| NAME | | | | | 3.2 NME | | | | | |
| STREET ADDRESS | Ì | | | ı | 3.3 SPREE | T ADDRESS | | | | į |
| CITY - \$1 - ZIP | | | | ······································ | 3.4 dTY- | ST-ZIP | | | | |
| THEE | | | ☐ D£L | ETE | 4.1 TILE | | | | Change | L. Addition |
| NAME: | | | | | 4. 2 NAME | | | | | ļ |
| STREET ADDRESS | | | | | 4.3 STREE | T ADDRESS | | | | |
| CHY- S1-70P | | | | | 4.4 CITY- | ST-ZIP | | | 1 05 | Addition |
| TITLE | ļ | | ☐ DEL | ETE | 5.1 TITLE | | | | ☐ Change | Addition |
| NAME | , | | | | 52 NAME | | | | | |
| STREET ADORESS | | | | | 5.3 STREE | T ADDRESS | | | | |
| CITY+ \$1-ZIP | | | | | 5.4 CiTY- | ST-ZIP | | | T les | Adda(c= |
| TITLE | | | ☐ DEL | ETE | 6.1 TITLE | - | | | ☐ Change | Addition |
| NAM: | I | | | | 6.2 NAME | | | | | ŀ |

6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAM

By Ho hstette

2-24-97 305 383-88

FILED

Feb 25 1997 8:00am

Secretary of State

lytime Phone #