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

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P93000066858 (0)

| DOCUMENT # P9300066858 (0) H.J. MORGAN INC. | | | | | | | | | (181 61181 1917 28 1 | 1 |
|---|---|-------------------------------------|-----------|--------|-------------------------|---|----------|----------------------------|-----------------------------|-----------------|
| Principal Place | e of Business | Mailing Address | | | · | 1 | | | | |
| 7385 SOUTH MIAMI FL 33 | WEST 100TH STREET 3156 | 7385 SOUTHWEST 10 MIAMI FL 33158 | OTH STREE | τ | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 09/21/1993 | 3a. (| Date of Last I 10/26/19 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FET Number | <u> </u> | 10/150/11 | Applied For | \neg |
| 21 | | 26 | | | | 65-0448600 | | | Not Applicat | ble |
| Suite, Apt. | #, elc. | Suite, Apt. #, etc. | | | | 5. Dertificate of Status Desired | | | 5 Additional Required | |
| City & Stat | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees | |
| Zip 24 | Country 25 | Zip 29 | 30 Cou | intry | , | 8. This corporation has liability for in Florida Statutes Yes | | le tax under : | | |
| 1 | g. Name and Address of Curr | | | | | 10. Name and Address of New R | | | | |
| | | | | 81 | Name | | | | | |
| | z, Heidi | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | le) | | | |
| | OUTHWEST 100TH STREET | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| MIAMI F | FL 33156 | | | 63 | | | | | | |
| | | | | 84 | City | | F | 85 Z | Zip Code | |
| SIGNATURE | ith, and accept the obligations of, Se Signature, typed or printed name of registered as | | | Agei | vi signatoro recpilirac | s when reir statings | DAT | | ODE IN 12 | |
| TITLE | V | DELETE | 111 | ITLE | | ADDITIONS/GHANGES TO OFF | OL.NO P | Change | | <u></u> |
| NAME | ALVAREZ, JOSE | | 12 N | AME | | | | | - | CR2E034 (12/95) |
| STREET ADDRESS | 7385 SW 100 ST | | 1.3 \$1 | REET | ADDRESS | | | | | ĕ |
| CITY-SI-ZIP | MIAMI FL | | | | ST - ZIP | | | | | } |
| TITLE | P ALVADEZ HEIDI | ☐ DÉLETE | 2 1 7 | | | | | ☐ Change | Additio | n C |
| NAME STREET ADDRESS | ALVAREZ, HEIDI 7385 SW 100 ST. | | 22 N/ | | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 240 | | | | | | | |
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| NAME | | | 5.2 N | | | | | | _ | |
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| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | 1 | | 64 CI | ır-S | 4 - {IP | | | | | - 1 |

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 triat 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 13 if changed, or on an attachment with an address.

SIGNATURE: ___

HE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/94 663-1219
Castric Proce.