

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 04 1998 8:00am
Secretary of State

DOCUMENT # **P93000079250 (5)**

1. Corporation Name
H.I.N.S.I.B. TECHNICAL OFFICE, INC.



Principal Place of Business

**2121 PONCE DE LEON BLVD.
725
CORAL GABLES FL 33134
US**

Mailing Address

**2121 PONCE DE LEON BLVD.
725
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

4. FEI Number

65-0448018

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BUSTANNANTE, ALBERT
2121 PONCE DE LEON BLVD.
SUITE 725
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PADILLA, JAVIER**
STREET ADDRESS **2121 PONCE DE LEON BLVD SUITE 725**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE **VPTD** ☐ DELETE

NAME **PADILLA, RAUL**
STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 725**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE **ST** ☐ DELETE

NAME **PADILLA, JOSE**
STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 725**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

200002635262

-09/09/98--01047--020

*****150.00**

14. I 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.

SIGNATURE:

CR2E034 (5/98)



H.I.N.S.I.B. Technical Office, Inc.

2121 Ponce de Leon Boulevard, Suite 725 Coral Gables, FL 33134, U.S.A.
Telephone: (305) 443-4347 Fax: (305) 443-5338

Annual Reports Filings
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Subject: 1998 PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P93000079250 (5)

Dear Sir or Madame:

We hereby file our 1998 annual report.

As we never received the first notice we are enclosing our check for \$150.00.

Thank you.

Yours truly,