

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085816 (5)

1. Corporation Name

HS2, INC.



Principal Place of Business

4923 W. CYPRESS ST.
TAMPA FL 33607
US

Mailing Address

4923 W. CYPRESS ST.
TAMPA FL 33607
US

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3219353

Applied For

Not Applicable

22

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, ARNALDO
4923 W. CYPRESS ST.
TAMPA FL 33607

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 or director

(Print, sign, and date your signature. Do not use a stamp.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SALGADO, RALPH J
STREET ADDRESS 4923 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VPST
NAME HERNANDEZ, ARNALDO
STREET ADDRESS 4923 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (813) 286-1919

Date

Display Phone

CR2E034 (12/95)