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

PROFIT CORPORATION **ANNUAL REPORT**



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000044896 (6)

H & L WHOLESALE, INC.

Principal Plac	e of Business		Mailing Address					1	E CORPORE HAR LOUIS COMIN BOTEL BRAIL BOIL	I DDIII DARA		I FIN (DA)
7702 SW 128 MIAMI FL 331		7702 SW 128 PLACE MIAMI FL 33183-4236										
								3.	Date Incorporated or Qualified 06/15/1994		ate of Last Re /01/1996	eport
	lace of Business	2a. Mailing Address				4.	FEI Number			plied For		
21	W		26				1_	65-0491235			t Applicable	
Suite, Apt.			Suite, Apt. #, etc. 27				5.	Certificate of Status Desired		\$8.75 / Fee Re	quired	
City & Stat	e		City & State				6.	Election Campaign Financing	\neg	\$5.00	May Be	
Zip Country			Zip Country					-	Trust Fund Contribution		Added t	
24	25	,	29		30	. ,		°	This corporation has liability for Florida Statutes	ntangible] Yes = [199.032,
	9. Name and Add	ress of Current		jent	1001			10.	Name and Address of New Re			
TRU	JJILLO, LOURDES F)			8	11	Name			T	· 	
7702 SW 128 PLACE MIAMI FL 33183					Ē	2	Street Addre	fress (P.O. Box Number is Not Acceptable)				
MIM	WII FL 33103				8	3						
i						34	City FL 85 Zip Code					Code
office or a	registered agent, or bram familiar with, and a	oth, in the State o occept the obligat	f Florida Such ons of, Section	change was n 607.0505, F	authorized lorida Statul	by tes	the corporation	on's i	on submits this statement for the poord of directors. I hereby accept	ot the app	ocintment as	registered
12.		OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PT			DELETE	1.1 TITLE	E					Change	Addition
NAME	TRUJILLO, LOUR				1.2 NAM	ΙE						
STREET ADDRESS	7702 S.W. 128 P	LACE			13 STRE	EET.	ADDRESS					
CITY-ST-ZIP	MIAMI FL				1.4 CITY		T-ZIP		·			
TITLE	VPS			DELETE	2 1 TITLI	F	į				☐ Change	Addition
NAME	LOREDO, DELFY				2 2 NAM				• •			
STREET ADDRESS	13231 S.W. 29 T MIAMI FL	EKKAUE					ADDRESS					
CITY-ST-ZIP	MIAMI TL			DELETE	2 4 CIT		IT-ZIP			<u>:</u> -	Change	Addition
NAME				L. DELETE	3.2 NAM						C Cuante	Last Addition
STREET ADDRESS							ADDRESS					
CITY - ST - ZIP					3.3 SINC		!					
TITLE				DELETE	4 1 TITLI	_					Change	Addition
NAME					4. 2 NAN	ИΕ						
STREET ADDRESS					4.3 STRE	EET.	ADDRESS					·
CITY - ST - ZIP					4.4 CITY	<u>'-</u> S1	T-ZIP					
TITLE				DELETE	5.1 TITLI	E					Change	Addition
NAMÉ					52 NAM	Æ						
STREET ADDRESS					5.3 STRE	EET .	ADDRESS					
CITY - ST - ZIP		***************************************			5.4 CITY	_	1-21P			····		
TITLE	1			DELETE	6.1 TITLI	Ε	Į				☐ Change	Addition

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - \$1 - 71P

14. I do hereby certify that the information supplied with this filling 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.

305.386-4117

FILED

Feb 04 1997 8:00am

Secretary of State