

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).

FILED

Sep 30 1998 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

DOCUMENT # P94000054158 (8)

1. Corporation Name  
 HIALEAH LAWNMOWER & MECHANIC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1799 W. 39 PL.  
 HIALEAH FL 33052  
 US

Mailing Address  
 1799 W. 39 PL.  
 HIALEAH FL 33012  
 US

3. Date Incorporated or Qualified  
 07/21/1994

2. Principal Place of Business  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

4. FEI Number  
 65-0508693

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution  \$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

9. Name and Address of Current Registered Agent  
 ROYS, JOSE  
 1799 W. 39 PL.  
 HIALEAH FL 33012

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROYS, JOSE	
STREET ADDRESS	<del>1030 NW 26TH AVE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33125</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANALES, MARIA E	
STREET ADDRESS	<del>1030 NW 26TH AVE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33125</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7330 POINCIANA CT.
1.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7330 POINCIANA CT.
2.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* *JOSE ROYS* *alberto 305-991-1521*

CR2E034 (5/98)