## $\rlap/k$ ile now: Filing fee after may 1 is \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000056483 (8)

H & F SERVICES, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

		NA 19					: <b>1111</b> 1 1111 1		
Principal Place of Business Mailing Address							) 86581 4111 <b>6</b> 41	111 8 (84) (9)01	1 1111 1001
16160 SW 250 MIAMI FL 330		16160 SW 250TH STREE MIAMI FL 33031-2067	16180 SW 250TH STREET MIAMI FL 33031-2067						
						3. Date Incorporated or Qualified 07/29/1994	1	e of Last Ri 8/1996	eport
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				NOT APPLICABLE		No	ot Applicable
Suite, Αρι <b>22</b>	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Sta 23	ate	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ	Country	Zip	Co	untry		8. This corporation has liability for	intangible t	ax under s	199.032,
24	25	29	30				Yes 🗀		
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
GO	)nzalez, felipe			81	Name				
16160 SW 250TH STREET MIAMI FL 33031				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
				83					
				64	City		FL	<b>85</b> Zip (	Code
11. Fursuari office or	if to the provisions of Sections 607.05 rregistered agent, or both, in the Stati	02 and 607.1508, Florida State of Florida, Such change was	utes, the a	above	e-named co	rporation submits this statement for the ation's board of directors. I hereby acce		changing it	s registered
agent i	am familiar with, and accept the oblig	jations of, Section 607.0505, I	Florida Sta	ilutei	S. '	,	,,		J
SIGNATURE	Stg. area, typed or proted can end registered ag	pent and title if applicable. (N	OTE: Register	ed Age	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	ERS AND	DIRECTOR	IS IN 12
DILE	PD	DELETE	1.1 1	ITLE			[	Change	Addition Addition
NAVE	GONZALEZ, FELIPE		1.21	NAME					
STREET ADDRESS	10100 077 000111 0111-001		1.3 \$	STAEET	ADDRESS				
City-St-7:P	MIAMI FL 33031	.,		CITY-S	T-ZIP				
THUE	STD	DELETE		TITLE	- (		l	Change	Addition
NAME	GONZALEZ, HILDA			NAME					
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ADDRESS				
City - St - ZIP Title	MIAMI FL 33031	DELETE		CITY-S	ST-ZIP			Change	Addition
	1	L.J Detell			}			Of Main No.	L.J Addition
NAME Ethera Accounce	. 🗸			NAME STORES	ADDRESS				
STHEFT ACORESS  C-TY - ST - Z-P	`				ST-ZIP				
Tille		DELETE		ITLE	21 611			Change	Addition
NAME		<del></del>	1	NAME	Ì				
STREET ADDRESS	5				ADDRESS				
CHY-ST ZIP	1			OITY - S					
Trial		DELETE	5.1 7					Change	Addition
NAME			5.21	IAME					
STREET ADDRESS	ş [		5.3 \$	STREET	ADDRESS				
011 Y - 51 - 20F			540	JIY-S	T-ZIP				
TITLE		DELETE		ITLE			I	Change	Addition
NAM!			6.21	AME					
STREET ADDRESS	\		638	STREET	ADDRESS				
00Y-S1-7P				OTY-S				·	
14. I do her informal	eby certify that the information supplied but indicated on this arinual report or	ed with this filing does not qua	alify for the	exe acci	mption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legi	is. I further	certify that	the
Lam an	officer or director of the corporation of the corpo	o <u>r the receiver or trustee emp</u> o	owered to	ехес	cute this rep	ort as required by Chapter 607, Florida	Statutes; an	d that my r	name