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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P94000058699 (7)

I. Corporation	Harric				
EVEL STORES CORP.					
Principal Place	of Business	Mailing Address			
254 WASHINGTON AVENUE 254 WASHINGTON AVEN HOMESTEAD FL 33219 HOMESTEAD FL 33219			NUE		
				 Date Incorporated or Qualified 08/08/1994 	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, FEI Number 65-0514639	Applied For
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Suite Ant # etc	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22]		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
^{Zip} 330	30 Country	29 33030	Country	8. This corporation has liability for in Florida Statutes Yes	
	9, Name and Address of Currer	nt Registered Agent	<u> </u>	10. Name and Address of New R	·
			81 Name		
	CO, ELIZABETH		82 Street Add	ress (P.O. Box Number is Not Acceptable . Mow Ry Dr.	ie) // // > //
5530 W. 26TH COURT			83	E. MOWRY Dr.	# 424
#202 HIALEA	NH FL 33016-				
TIMELE	HITE GOOTO-		84 2/on	restead	FL 85 700000000000000000000000000000000000
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpor	ration submits this statement for the pur	roose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da, Such change was authorized tion 607.0505, Florida Statutes.	by the corporation's boa	rd of directors. I hereby accept the appo	ointment as registered agent. I am
SIGNATURE _					
12.	Signature, typed or printed name of registered agent OFFICERS AN	Land title if applicable (NOTE: ID DIRECTORS	Registered Agent signature require 13.	d when reinstalling) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1. 1 TITLE	ADDITIONAL OF ANALES TO OFFI	Change Addition
NAME	velazco, elizabeth		1.2 NAME	 44	4 . 6 . 7
STREET ADDRESS	271 SE 6TH AVE #207		1.3 STREET ADDRESS	808 E. MOWRY Dr lomested Fl 33	·#424
CITY-ST-7IP	HOMESTEAD FL		1.4 CITY-ST-ZIP	lomested FI 33	080
TITLE	S VELAZCO, ELISAUL	☐ DELETE	2 1717LE		Change Addition
NAME STREET ADDRESS	271 SE 6TH AVE #207		2 2 NAME 2 3 STREET ADDRESS	DRE. MOWRY Dr.	# 424
CITY-ST-ZIP	HOMESTEAD FL		24 CITY-ST-ZIP	108 G. HOWRY Dr.	3030
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - S1 - ZIP		☐ DELETE	3.4 CITY - ST - ZIP		☐ Change ☐ Addition
THTLE NAME		L.J better	4. 1 TITLE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY-ST-ZIP		
1HTLF		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			. 53 STREET ADDRESS		
CITY-ST-ZIP		DELETE	54 CITY-ST-ZIP 6 1 TITLE		Change Addition
TITLE NAME			62 NAME		□ viange □ Roution
NAME STREET ADDRESS			6.3 STREFT ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		
	v cortify that the information supplied	with this filing is voluntarily furnish		for the exemption stated in Section 119	07(3)(k) Florida Statutes I further

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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Day of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certified and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida Statutes. I further certified and accurate and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida Statutes. I further certified and stated in Section 119.07(3)(k), Florida St

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