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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9400063641

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90062 041 ***150.00

H C III	E ROAD SERVICE, INC.							
Principal Place	e of Business	Mailing Address				COLUMN TARES CALL	81881 181 1881	
7555 NW 63 S	т	7555 NW 63 ST						
MIRAMAR FL 33166 MIAMI FL 33166				SO NOT WORK IN	LUC CDACE			
us us				DO NOT WRITE IN	HIS SPACE			
					3. Date Incorporated or Qualifed		Ì	
		On Martin Address			08/29/1994 4. FEI Number		anlied For	
		2a. Mailing Address	i. Mailing Address			J	oplied For ot Applicable	
7555 NW 635f		Suite, Apt. #, etc.		65-0517771		Additional		
Suite, Apt. #, etc.		<u> </u>			5. Certifcate of Status Desired	•	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
City & State 23 Mi ami , E		28		Trust Fund Contribution		to Fees		
Zip Country		Zip	Country	·	8. This corporation owes the current year	r Intangible		
a 3311	060 25 115A	29	30		Personal Property Tax.	∐Yes	□No	
	9. Name and Address of Current				10. Name and Address of New Registe	red Agent		
			81	Name				
	IALES, KAREN I		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	5 N.W. 63 STREET		-		,			
MIAI	MI FL 33166		83				ļ	
	•		84	City		85 Zip	Code	
				•	poration submits this statement for the purpos	F i L		
SIGNATURE	Signature, typpin or printed name of registered agent OFFICERS AND		Agistered Agent	signature require	ADDITIONS/CHANGES TO OFFICER:	<u> </u>	DRS IN 12	-6
TITLE	PD /	☐ DELET€	1.1 TITLE		:	Change	Addition	7
NAME	CANALES, KAREN I		1.2 NAME		100000000000000000000000000000000000000		}	2
STREET ADDRESS	AAAA OO OTATE DOAD 7 OTE	323	1.3 STREET	ADORESS 7	535 1100 G 3 SAT			Ĺ
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY-ST-	ZIP 1	555 NW 63 SA Niami, FC 33166			ç
TITLE	SD DELETE		2.1 TITLE		555 NW 63 St Niami, FZ 33166	Change	☐ Addition {	(
NAME	CANALES, GERARDO		2.2 NAME		111 m 12 ct	•	- {	
STREET ADDRESS	3600 SO. STATE ROAD 7 STE.	323	2.3 STREET	ADDRESS /	355 100 6 3 31			
CITY-ST-ZIP	MIRAMAR FL	2. 4 CITY-ST	ZIP 1	liamy to 33/06				
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NAME	30°		3.2 NAME		•		ŀ	
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NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			į	
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STREET ADDRESS			5.3 STREET)			}	
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TITLE			6.2 NAME			T Augusto		
NAME			A.F. I DAME	i			i i	
STREET ADDRESS			6.3 STREET	ADDRESS			(

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 of an attachment with an address, with all other like empowered.

SIGNATURE: