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 # 1. Corporation Name

P94000083014 (8)

H & H INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

1925 BRICKELL AVE. SUITE#D2009 MIAMI FL 33129

1925 BRICKELL AVE. SUITE#D2009 MIAMI FL 33129 FILED

97 MAY -5 AM 11:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



US		US			ate of Last Report
A Principal Principal	4.D	1		11/14/1994	04/21/1995
	CRANDON BLVD.	26 260 CLAN	DON BLUD	4. FEI Number 0- 65-0571794	Applied For
Suite, Apt. 4		Suite, Apt. #, etc.	DOIN DOND	00.001.1194	Not Applicable
22 SUI	re# 33	27 Suite #	33	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	O'CLAVALE EL	City & State	11.00	6. Election Campaign Financing	\$5.00 May Be
	BISCAYNE,FL	28 KEYBISC		Trust Fund Contribution	Added to Fees
24 FL	33149 ZE Country S A	29 Zip 33149 31	Country	8. This corporation has liability for Intangible Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
B1 Name					
VEGA, JOSE M GOLOOW 82 Street Address (P.O. Box Nugriber is Mg. Acceptable)					
25 S.E. 2ND AVE. #201 762, C. 1/1/ M/- 12 JUSS 11. VEG 4					
PENTHOUSE TWO 143/ SN 146 /NG 83					
MIANUF 33131 MANUF 32182 US 3-2. CUM 17 VE # WI					
/ ····//	70-630	- 6665 1205	84 City	IÀ Ant	85 Zip Cpd9 2 /
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					
I or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered exent it am — I					
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Statistics, type I or printed name of registrand agent and title if applicable NOTE: Registered Agent signature required when reinstating! DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	☐ DELETE	1. 1 THLE	D P./S. /T.	Change Addition
NAME	ROCCO, DINO		1.2 NAME	ROCEO DINO	
STREET ADDRESS	TREET ADDRESS 8365 SW 152ND AVE APT 503			125 BRICKELL AUS. Di	POST DIOOR
C(1Y-ST-7)2	"MIAMI FL-99193		1.4 CITY-ST-ZIP	MIAMI, FC. 33129	
TITLE		DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-Z:P			24 CITY-ST-ZIP		* .
TILE		☐ DELFTE	3 1 TITLE		☐ Change ☐ Addition
NAME		_	32 NAME	500002170	54555
STHEET ADDRESS			3.3. STREET ADDRESS	-05/13/97-	-01056002
CITY~ST-ZIP			34 CITY-ST-ZIP	500002176 -05/13/97- ****225.00) ****225.UU
THE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREE ADDRESS			4.3 STREET ADDRESS		1
CHTY IST-ZIP			4.4 City-ST-ZIP		
THLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		the bank to be a second
STREET ADORESS			5.3 STREET ADDRESS		i
CITY - ST-ZIP			5.4 CITY-ST-ZIP		}
Till t		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		one-go reduited
STHEFT ADORESS			6.3 STREET ADDRESS		
OTHER CLASS			0.3 3 INTEL ADDRESS		

14. I do hereby certily 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 chapged, or on an attachment with an address.

SIGNATURE:

IONATURE ALEXANDED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 1/20/96 (305)854-3454 CR2E034 (12/95)