

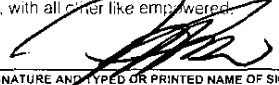


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000056190			
1. Entity Name H I INTERNATIONAL, INC.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 13245 S.W. 111 <sup>th</sup> Terrace Suite, Apt. #, etc. Unit #3 City & State Miami, Fl. 33186 Zip Country		3. Mailing Address 13245 S.W. 111 Terrace Suite, Apt. #, etc. Unit #3 City & State Miami, Fl. 33186 Zip Country	
		4. FEI Number 65-0603466	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name LAW, MELVYN	
		Street Address (P.O. Box Number is Not Acceptable) 13245 S.W. 111 Terrace Unit #3	
		City Miami FL Zip Code 33186	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, President, Secretary LAW, MELVYN 13245 S.W. 111 Terrace; Unit #3 Miami, Fl. 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300037934423
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Melvyn Law		6/10/04 305.382.3010 Date Daytime Phone #	

FILED  
04 JUN 14 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (12/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 745490 81269A  
AUTHORIZATION : *Patricia Piguit*  
COST LIMIT : \$ ~~550.00~~ \*\* SEE NOTE BELOW

ORDER DATE : June 14, 2004

ORDER TIME : 9:45 AM

ORDER NO. : 745490-005

CUSTOMER NO: 81269A

CUSTOMER: Melinda P. Osborne, Legal Asst  
Don R. Livingstone, Esq  
Suite 101  
7711 S.w. 62nd Avenue  
South Miami, FL 33143

ANNUAL REPORT FILING

NAME: H I INTERNATIONAL, INC.

\*\* NOTE: CLIENT IS REQUESTING A WAIVER OF LATE FEES AND HAS ATTACHED A LETTER OF EXPLANATION. IF HIS REQUEST IS GRANTED, PLEASE DEDUCT ONLY \$150.00 FROM OUR ACCOUNT. IF HIS REQUEST IS DENIED, PLEASE DEDUCT THE FULL APPROVED AMOUNT. PLEASE LET US KNOW ON THE STAMPED COPY THE AMOUNT DEDUCTED FROM OUR ACCOUNT. THANK YOU

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 JUN 14 AM 10:36  
DIVISION OF CORPORATION