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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000062790 (7)

1. Corporation Name

GOOD HANDS ENTERPRISES, INC.



Principal Place of Business

1515 NW 167 ST
~~BLDG 8, SUITE 230~~
MIAMI FL 33014

Mailing Address

1515 NW 167 ST
~~BLDG 5, SUITE 230~~
MIAMI FL 33169-5101

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Suite #228
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite #228
28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report
03/29/1996

4. FEI Number

65-0615167

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, BENNETT G
2655 LEJEUNE RD
SUITE 541
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RIVERA, ABRAHAM
STREET ADDRESS 1255 NE 178 STREET
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D
NAME TOMMES, GERALD
STREET ADDRESS 4165 NW 135 ST #A3
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE D
NAME LOPEZ, VICTOR
STREET ADDRESS 1736 NW 6 ST
CITY-ST-ZIP MIAMI FL 33125

TITLE D
NAME AVILA, RAFAEL
STREET ADDRESS 16560 NW 45 AVE
CITY-ST-ZIP MIAMI FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

President

2/26/97 (20x) 626-8140

CR2E034 (9/96)