

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90215 004 ***150.00

DOCUMENT # **P95000062790**

1. Corporation Name

GOOD HANDS ENTERPRISES, INC.

Principal Place of Business

1515 NW 167 ST
SUITE 228
MIAMI FL ~~33014~~
US

Mailing Address

1515 NW 167 ST
SUITE 228
MIAMI FL ~~33014~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **33169** Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **33169** Country

29

30

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** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAHAM RIVERA

4-28-1999

Date

Daytime Phone #

(305) 626-8140

CR2E034 (11/98)