

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 90015 040 ***150.00

DOCUMENT # P95000072054

1. Corporation Name
HOCOL INC.

Principal Place of Business
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US

Mailing Address
1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1995

4. FEI Number
65-0608978

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

2a. Mailing Address

21 1150B E. HALLANDALE Bch BLVD

27 1150B E. HALLANDALE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HALLANDALE FL

City & State

28 HALLANDALE FL

Zip

24 33009

Country

25 USA

Zip

29 33009

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECHTER, ROBERT
20801 BISCAYNE BLVD.
SUITE 302
MIAMI FL 33180

81 Name
ROBERT LECHTER
82 Street Address (P.O. Box Number is Not Acceptable)
1150B E. HALLANDALE Bch BLVD
83
84 City
HALLANDALE FL 85 Zip Code
33009

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

ROBERT LECHTER

4/27/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME LECHTER, ROBERT
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD SUITE 809
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE DS
1.2 NAME LECHTER, ROBERT
1.3 STREET ADDRESS 1150B E. HALLANDALE Bch BLVD
1.4 CITY-ST-ZIP HALLANDALE FL 33009

TITLE DP
NAME SPIWAK, BORIS
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE DP
2.2 NAME SPIWAK, BORIS
2.3 STREET ADDRESS 1150B E. HALLANDALE Bch BLVD
2.4 CITY-ST-ZIP HALLANDALE FL 33009

TITLE DT
NAME SPIWAK, FRIDA
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD STE 809
CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE DT
3.2 NAME SPIWAK, FRIDA
3.3 STREET ADDRESS 1150B E. HALLANDALE Bch BLVD
3.4 CITY-ST-ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 REQUIRED

4/27/99

954 455 3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0124257