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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000077308 (1)

Corporation Name P93000077300	(')
HALLEY TOO ENTERPRISES, INC.	

Principal Place of Business Mailing Address

7020 SW 57TH STREET 7020 SW 57TH STREET
MIAMI FL 33143 MIAMI FL 33143



7020 SW 571H STREET	MIAMI FL 33143					
				3. Date incorporated or Qualified 10/10/1995	3a. Date of Last R	eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	├	Applied For
1	26			65-0631865		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	City & State			6. Election Campaign Financing	\$5.0	O May Be
Ony a claic	28			Trust Fund Contribution	☐ Adde	d to Fees
Zip Country	Zip	Coun	itry	8. This corporation has liability for		199.032,
25	29	30			No No	
	s of Current Registered Agent			10. Name and Address of New P	tegistered Agent	
		1	81 Name			
TUDOUS D. I		ļ.	B2 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
THRONE, B J		}'	Street Ad	Idress (F.O. Box Humber is Not Acceptable)		
7020 SW 57TH STREET		ļ,	83			
MIAMI FL 33143		ļ.	04 03		85 Z	ip Code
	ns 607.0502 and 607.1508, Florida Statu	1	84 City		FL T	•
QIONIATI IDE	ons of, Section 607.0505, Florida Statute registered agont and title if applicable (N		Agent signature req	ired when reinslating!	DATE	
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	Addition
TITLE	☐ DELETE	1.1 (1)	TLE	PRESIDENT	Change	Addition
NAME		1.2 NA	ME .	BITHRONE 7020 SW 57 ST		
STREET ADDRESS		1.3 ST	REET ADDRESS	7020 SW 57 SI		
C-TY-ST-ZIP		1.4 017	TY-ST-ZIP	MIAMU PL 331		
Inuf	☐ DELETE	2 1 Ti	TLE		Cnange	Addition
NAME			ME .			
MAINE		2.2 NA	AMIL			
OTO: CLADODECC						
		2351	REET ADDRESS		_	
CITY-ST-ZIP	□ DELETE	2351	REET ADORESS		☐ Change	Addition
CHY-ST-ZIP	DELETE	2.3 ST	REET ADORESS TY-ST-ZIP ITLE		Change	Addition
OTY-ST-ZIP TITLE NAME	☐ DELETE	2.3 ST(2.4 C) 3. 1 T) 3.2 NA	TY-ST-ZIP TY-ST-ZIP THE		☐ Change	Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS	☐ DELETE	2.3 ST(2.4 C)(3.1 T) 3.2 NA 3.3. S(TY-ST-ZIP ITLE AMF TREET ADDRESS		☐ Change	Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP	_	2 3 ST6 2.4 CH 3. 1 Th 32 NA 3.3. SI 3.4 CH	REET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP		Change	
CHY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	2 3 ST(2.4 C)(3. 1 T) 32 NA 3.3 S1 3.4 C)(4. 1 T)	REET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE			
CITY-ST-ZP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	_	2 3 5 17 2 4 C II 3 1 7 II 3 2 NA 3 3 S I 3 4 C II 4 1 7 II 4 2 NA	REET ADDRESS IY-SI-ZIP IILE AMF ITREET ADDRESS ITY-SI-ZIP ITLE AME			
CITY-ST-ZIP TIFLE NAME STREFI ADDRESS CITY-ST-ZIP TIFLE NAME	_	2 3 STI 2 4 CII 3 1 TI 3 2 NA 3 3 SI 3 4 CI 4 1 TI 4 2 NA 4 3 ST	REET ADDRESS TY-S1-ZIP TILE AME TREET ADDRESS TILY-S1-ZIP TILE AME TREET ADDRESS	800018	☐ Change	e 🔲 Addition
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4. I do hereby certify 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. Flurther 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 trusted 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, from an attachment with an address.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-25-96 1-800-814-396

Daytime Frione