

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P96000019100 (2)**
1. Corporation Name
HILDA ENTERPRISES, INC.

Principal Place of Business: 9320 FOUNTAINBLEU BLVD. APT. 414 MIAMI FL 33172
Mailing Address: 9320 FOUNTAINBLEU BLVD. APT. 414 MIAMI FL 33172

3. Date Incorporated or Qualified: **02/28/1996**

4. FEI Number: **65-0749062** Applied For Not Applicable
Applied For Not Applicable
\$8.75 Additional Fee Required

5. Certificate of Status Desired \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business	2a. Mailing Address
HomeBusiness	9320 Fountainbleu
Suite, Apt. #, etc.	Suite, Apt. #, etc.
9320 Fountainbleu Blvd	Blvd
City & State	City & State
Miami FLA.	Miami FLA
Zip	Country
33172	FLA.
25. Miami	29. 33172
Country	Country
Miami	FLA.

9. Name and Address of Current Registered Agent
FAYAT, HILDA
9320 FOUNTAINBLEU BLVD. APT. 414
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: **Hilda Fayat**

82 Street Address (P.O. Box Number is Not Acceptable): **9320 Fountainbleu Blvd**

83

84 City: **M.F.** FL 85 Zip Code: **33172**

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: **Hilda Fayat** (Signature) **Hilda Fayat** (Printed Name) **04/30/98** (Date)

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	FAYAT, HILDA	
STREET ADDRESS	9320 FOUNTAINBLEU BLVD. APT. 414	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FAYAT, MARICELA	
STREET ADDRESS	9320 FOUNTAINBLEU BLVD. APT. 414	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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11/13/98-01033-002
****150.00 ****150.00

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.

SIGNATURE: **Hilda Fayat** (Signature) **04/30/98** (Date)

CR2E034 (10/97)