

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030037 (1)**

1. Corporation Name
HIALEAH LADY, INC.

Principal Place of Business
**1001 W. 49TH STREET, BAY 7
HIALEAH FL 33012**

Mailing Address
**9500 S. DADELAND BLVD., #705
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0686874	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, AMADO 9500 S. DADELAND BLVD., SUITE 705 MIAMI FL 33156		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 607.0305, Florida Statutes.

SIGNATURE

Signature typed (print name of registered agent and date of filing)

(NOTE: Registered Agent signature required when reinstating)

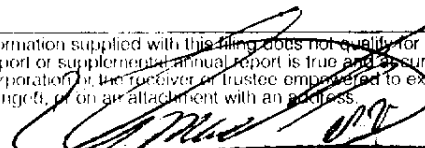
DATE

3/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD PD	1.1 TITLE	PD
NAME	GARCIA, AMADO	1.2 NAME	GARCIA, Amado
STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 705	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	OLIVEROS, JOSE V	2.2 NAME	
STREET ADDRESS	9300 S. DADELAND BLVD. SUITE 602	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	S/T/D	3.1 TITLE	S/T/D
NAME	GARCIA, MARTHA	3.2 NAME	GARCIA, MARTHA
STREET ADDRESS	9500 S. DADELAND BLVD. SUITE 705	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	FARIA, MARIA	4.2 NAME	
STREET ADDRESS	9300 S. DADELAND BLVD., SUITE 602	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE



3/20/98 205-670-9750

CR2E034 (10/97)