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

DOCUMENT # P96000053396

1, Corporation Name

Principal Place of Business	Mailing Address
5956 NW 63RD WAY	5956 NW 63RD WAY
PARKLAND FL 33067	PARKLAND FL 33067
THINGS TE OOCT	

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90018 013 ***150.00

HEHBEA	U INTERNATIONAL, INC.									
Principal Place	of Business	N	Mailing Address					1 ISBNISDI (IN 1916) ANIN ANIN ANIN ANIN ANIN ANIA INCA INCA		
5956 NW 63RD WAY PARKLAND FL 33067 5956 NW 63RD WAY PARKLAND FL 33067							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
							İ	06/18/1996		
2. Principal P	ace of Business	2a	, Mailing Address		-			4. FEI Number Applied For NOT APPLICABLE Not Applicable		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired \$8.75 Additional	=		
City & State	• ,	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	29	Zip Country					8. This corporation owes the current year Intangible Personal Property Tax. Yes		
	9. Name and Address of Current	Regi	stered Agent					10. Name and Address of New Registered Agent	-	
LUECK, RICHARD W 5956 N.W. 63RD WAY PAKLAND FL 33067				81 82 83	Street A	ddres	s (P.O. Box Number is Not Acceptable)			
				=	84	City		FL 85 Zip Code		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flor	ida. Such change was au	uthorized	i by i	the corpor	corpora ration's	ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	e if applicable (NOTE:	Registered	Agent	t signature red	guired w	then reinstating) DATE	ے ا	
12.	OFFICERS AND			13.			·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	၂ ဋိ	
TITLE	DP				ΠE			☐ Change ☐ Addition] }	
NAME	LUECK. RICHARD			1.2 N	ME				5	
STREET ADDRESS	TARE IN ACRES MAN				REET	ADDRESS				
CITY-ST-ZIP	DADIG SAID PLAGGET			1.4 C	TY-ST	-ZIP			၂ ဥ	
TITLE			☐ DELETE	2.1 TI	TLE			Change Addition	1	
NAME				2.2 N	ME			·		
				220	всст	ADORESS			1	

CITY-S TITLE NAME STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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,

SIGNATURE: