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PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT #	P96000056598	(1)
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HOLLYWOOD COMMERCIAL SERVICES, INC.

Principal Place of Business Mailing Address 5334 N.W. 188TH STREET 5334 N.W. 168TH STREET MIAMI FL 33055 MIAMI FL 33055-2368 3a. Date of Last Report 3. Date Incorporated or Qualified 07/03/1996 4. FEI Number 7/3/96 2. Principal Place of Business 2a. Mailing Address Applied For 65-0676931 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 IPARRAQUIRRE, JOSS TPARRAGUIRRE, JOSE
Street Address (P.O. Box Number is Not Acceptable)
5334 NW 188TH STREET 5334 N.W. 188TH STREET 82 Miami FL 33055 83 MIAMI, FLORIDA 84 Zip Code City 85 33055 MIAMI Pursuant to the provisions of Sections 607.0502 office or registered agent, or hoth, in the State of agent. I am familiar with, and accept into obligate old 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for long a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons of Section 607.0505, Florida Statutes. (NOTE: Registered Agont signature required when reinstating) Stonature, typed or print AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRESIDENT DELETE X Change Addition TITLE 1.1 111116 IPARRAGUIRRE, JOSS IPARRAGUIRRE, JOSE NAME 1.2 NAMS 5334 N.W. 188TH STREET 5334 NW 188TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33055 MIAMI, FL 33055 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELFTE 21 100 F 300002238683 Addition TITLE NAME 22 NAME -07/15/97--01074--013 STREET ADDRESS 2.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3111116 NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETE Change Addition TITLE 4.1 1111 £ NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 7IP Change ☐ Addition DELETE TITLE 51 TITLE NAME 🔪 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-7IP DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-7)P

14. I do 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 compration or the viceiver or justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on in attainment with an address.