Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90091 006 \*\*\*150.00

## 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 # P96000059337

1. Corporation Name

HDA MARKETING INC

11071 110	IIILTING, INO										
Principal Place	of Business	Mail	ing Address	· ··-					181 81118 18188 11188		
155 SUNRISE D	PRIVE	155	SUNRISE DRIVE				- }				
APT. 4C APT. 4C							DO NOT MEITE IN TH	IIC CDA'CE			
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149								DO NOT WRITE IN THIS SPACE			
						_,_		Date Incorporated or Qualifed 07/16/1996	<del> ,</del>	<u>.</u> .	
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number	<u> </u>	plied For	
21		26						65-0687945		t Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			<u>.</u>	<b>.</b> 5.	Certifcate of Status Desired	\$8.75 A		
22	*	27	City & Ct-ty				-	The state of the s			
City & State	<b>9</b>	<b>⊢</b>	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
23	Country	28	Zip	Co	untry	_		This corporation owes the current year		01000	
Zip	Country	29	ыp	30	ui iu y		0.	Personal Property Tax.	☐ Yes	□No	
24	9. Name and Address of Cu		ered Agent	30	T		10.	Name and Address of New Registere	ed Agent		
	v. Hallie Blid Address of Ge			•	81	Name					
	Z-ARGUELLES, HUMBERTO SUNRISE DRIVE				82	Street Add	dress (P	O. Box Number is Not Acceptable)	<del></del>		
APT.					83						
KEY	BISCAYNE FL 33149								, , ,		
					84	City		F	85 Zip (	Code	
office or re	enistered agent or both in the S	State of Florida	i. Such change was a	authorize	a by t	tne corpora	rporation tion's bo	n submits this statement for the purpose pard of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
agent. I ai	m familiar with, and accept the o	ibligations of,	Section 607.0505, Flo	orida Sta	tutes.						
SIGNATURE			Section 607.0505, Fi	orida Sta	itutes.		ired when r				
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if	applicable. (NOT	orida Sta	d Agent	t signature requi			<u> </u>		
SIGNATURE	Signature, typed or printed name of registere		applicable. (NOT	E: Registere	d Agent			einstating) DATE	<u> </u>		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registers OFFICER:	ed agent and title if	applicable. (NOT	E: Registere	d Agent			einstating) DATE	AND DIRECTO	ORS IN 12	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registere OFFICER: D DIAZ-ARGUELLES, HUMBE	ed agent and title if S AND DIREC	applicable. (NOT	E: Registere 13. 1.11	od Agent			einstating) DATE	AND DIRECTO	ORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registers OFFICER:	ed agent and title if S AND DIREC	applicable. (NOT	E: Registere 13. 1.11 1.21 1.35	od Agent	a signature requi		einstating) DATE	AND DIRECTO	ORS IN 12	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registere OFFICER: D DIAZ-ARGUELLES, HUMBE 155 SUNRISE DRIVE APT	ed agent and title if S AND DIREC	applicable. (NOT	E: Registere 13 1.11 1.21 1.35	Agent  TITLE  VAME  STREET	a signature requi		einstating) DATE	AND DIRECTO	ORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER: D DIAZ-ARGUELLES, HUMBE 155 SUNRISE DRIVE APT	ed agent and title if S AND DIREC	applicable (NOT)  TORS  DELETE	E: Registere 13. 1.1 1 1.2 N 1.3 8 1.4 ( 2.1 1	ON Agent  ON AGE	a signature requi		einstating) DATE	AND DIRECTO	PRS IN 12	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP" 1

-761-1080