FILE NOW: FILING FEE AFTER MAY 1 15

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # PALOC

H.S. RHINO PRODUCTS, INC.

Principal Place of Business

Malling Address

4920	Sara	son Dui	Ve
HMY.	Roon	Florida	33021

	- 501101201	P1 106					
Hillywood Florida 33021					3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal Place	ce of Business	2a. Mailing Addr 26	ess			4. FEI Number Applied For	Applied For Not Applicable
Suite, Apt. #, etc. 22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	30	ntry		8. This corporation has liability for intangible Florida Statutes Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
M	ack Cohen,	Es		B1 B2		ess (P.O. Box Number is Not Acceptable)	
Mack Cohen, Est 4000 Hullyword 1914 (Ste 417) Hollyword PC 27021			83				
			84		FL.	85 Zip Code	
11. Pursuant to office or rec	the provisions of Sections 607.0 pistered agent, or both, in the Sta	502 and 607.1508, Floridate of Florida Such chan	da Statutes, the ab	iove	named corporati	oration submits this statement for the purpose of ion's board of directors. Thereby accept the applications	changing its registered

office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12,	Signature, typed or printed name of registered ager Land bile 4 appt OFFICERS AND DIRECTOR		logistered Agent sigi ature	ADDITIONS/CHANGES TO OF LICERS AND DIRECTORS IN 12			
TITLE	Dare Chi	DELETE	11 101E	Change Addition			
NAME	more distriction	_	1.2 NAME	— v —			
STREET ADDRESS	4920 Serien Davi		13 STREET ADDRESS	600002236256— -4 -07/11/9701102012 ****1 65.00 □ ###*1 <mark>65.##</mark>			
CITY-ST-ZIP	FWHUUUD PL 3304		14 C4Y - \$1 - ZIP	-07/11/9701102012			
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NAME #			5.2 NAME				
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CITY- 🕏 ZIP		,_	5.4 CiTY - ST - ZIP				
TITLE		DELETE	B11ITLE	☐ Change № ☐ Addition			
NAME			G 2 NAME	199,100			
STREET ADDRESS			6.3 \$1HFF1 ADDRESS	- 21/16			
CITY+\$1-7IP			6.4 CHTY - ST - ZIP				

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 amphal 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 durpor tion or the receiver or fusited empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if planged, or on anyalize funding with an address.

561.750-7200

APPROVED AND FILED

1997 JUL -7 MM 9: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA