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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069875 (8)

H.T.H. INTERNATIONAL TRADE AND CONSULTING SERVIC ES. INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4000 WEST 11 LANE **4000 WEST 11 LANE** HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1996 Principal Place of Business 2a, Mailing Address Applied For 21 26 65-0707121 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 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 26 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERNANDEZ, AMY 4000 WEST 11 LANE 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 85 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed nume of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE HERNANDEZ, AMY NAME 1 2 NAME 4000 WEST 11 LANE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME HERNANDEZ, CHRISTOPHER E 2 2 NAME STREET ADDRESS 4000 WEST 11 LANE 23 STREET ADDRESS HIALEAH FL 33012 CITY - ST - 71P 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the indicated on this angold of officer or director of the collicer or director of the collicer 12 or Block 13 if ch this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information must report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an of or turning empowered to evident this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE