May 04, 1999 8:00 am Secretary of State

05-04-1999 90030 034 \*\*\*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 # P96000070264

1. Corporation Name
HIAI FAH COMMERCIAL CLUB CORPORATION

| HIMLEAN  | COMMENCIAL OLOD COM  | VIINTIVII                         |   |   |  |                              |  |
|--|--|-----------------------------------|---|---|--|------------------------------|--|
| Principal Place  | of Business  | Mailing Address                   |   |   |  | BBIIC BBIEL (BBIL BBILE)     | erining Berer hind (00)                |
| 1480 WEST 46T  |  | 1480 WEST 46TH ST.                |   |   |  |                              |  |
| #202   |  | #202                              |   |   |  |                              |  |
| HIALEAH FL 33012 HIALEAH FL 33012  |  |                                   |   |   | DO NOT WRITE IN THIS SPACE   |                              |  |
|  |  | _                                 |   |   | 3. Date Incorporated or Qualifed 08/22/1996  |                              |  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address               |   |   | 4. FEI Number  |                              | Applied For                            |
| 21   | <u> </u>   | 26                                |   |   | 65-0688856   |                              | Not Applicable                         |
| Suite, Apt. #, etc.  |  |                                   |   | 5. Certifcate of Status Desired   |  | 5 Additional                 |  |
| 22   |  | 27                                |   |   | <u>-   </u>  |                              | Required                               |
| City & State   | <b>)</b>   | City & State                      |   |   | 6. Election Campaign Financing   | T                            | 00 May Be<br>ed to Fees                |
| 23   |  | Zip                               | Count   |   | Trust Fund Contribution  |                              | ed to rees                             |
| Zip  | Country  | ·                                 |   | ıy  | This corporation owes the curren     Personal Property Tax.                                | t year intangiore<br>- ☐ Yes | □No                                    |
| 24   | 9. Name and Address of Current   | <u> </u>                          | 10  |   | 10. Name and Address of New Re   |                              |  |
|  | 3. Name and Address of Current   | vealsteren vaent                  | 8   | 1 Name  | .v. name and real sec or new to  | y                            |  |
| LOB/   | aina, maria  |                                   |   |   | ·  |                              |  |
| 1480 WEST 46TH STREET  |  | 8                                 | 2 Street A  | ddress (P.O. Box Number is Not Acceptable   | e) .   |                              |  |
|  | E 202  |                                   | 8   | 3   |  | <del></del> -                |  |
| HIAL   | EAH FL 33012   |                                   | آ ا   |   |  |                              |  |
|  |  | 8                                 | 4 City  |   | FL 85 2  | Zip Code                     |  |
| office or re   | to the provisions of Sections 607.0502<br>agistered agent, or both, in the State of<br>in familiar with, and accept the obligati | if Elorida. Such change was aut   | horized b   | IV the comot  | orporation submits this statement for the puration's board of directors. I hereby accept t | rnose of changing            | j its registered<br>s registered       |
| SIGNATURE  | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: R | Registered Ag   | gent signature red  | quired when reinstating)   | DATE                         | <del></del> .                          |
| 12.  | OFFICERS AND   |                                   | 13.   |   | ADDITIONS/CHANGES TO OFFIC   |                              |  |
| TITLE  | PTD  | ☐ DELETE                          | 1.1 TITLE   |   |  | ☐ Chan                       |  |
| NAME   | Lobaina, Maria   |                                   |   |   | •  |                              | ge 🔲 Addition                          |
| STREET ADDRESS   | 1480 WEST 46TH ST. #202  |                                   | 1.2 NAM   |   | •  |                              | ge L Addition                          |
| CITY-ST-ZIP  |  |                                   |   |   | ·  | Chan                         | ge L Addition                          |
|  | HIALEAH FL 3301-2  |                                   |   | E<br>EET ADDRESS  | ·<br>  | _ Спап                       | ge Addition                            |
| TITLE  | HIALEAH FL 3301-2<br>SVD   | . DELETE                          | 1.3 STRE  | E<br>EET ADDRESS<br>-ST-ZIP   |  | Char                         |  |
|  |  | . DELETE                          | 1.3 STRE<br>1.4 CITY  | E<br>EET ADDRESS<br>- ST-ZIP  | ·<br>-   |                              |  |
| NAME<br>STREET ADDRESS   | SVD  | . DELETE                          | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME  | E<br>EET ADDRESS<br>- ST-ZIP  | -  | Char                         |  |
| NAME<br>STREET ADDRESS   | SVD<br>Lobaina, Hipolito D   | . DELETE                          | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME  | E ET ADDRESS -ST-ZIP E E ET ADORESS   | -<br>-   | ☐ Char                       | ige  ☐ Addition                        |
| NAME   | SVD<br>Lobaina, Hipolito D<br>1480 West 46th St. #202  | . DELETE                          | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAMI<br>2.3 STRE  | E EET ADDRESS - ST-ZIP E E EET ADDRESS '- ST-ZIP  |  | Char                         | ige  ☐ Addition                        |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVD<br>Lobaina, Hipolito D<br>1480 West 46th St. #202  |                                   | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAMI<br>2.3 STRE<br>2.4 CITY  | E EET ADDRESS ST. ZIP  E E EET ADDRESS ST. ZIP  E - ST. ZIP  E - ST. ZIP  |  | ☐ Char                       | ige  ☐ Addition                        |
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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 trusteel 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 eddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNAL. OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #