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FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079934 (1)

1. Corporation Name

HAZF INC.

Principal Place of Business

10914 MYSTIC CIRCLE, #102
ORLANDO FL 32838

Mailing Address

10914 MYSTIC CIRCLE, #102
ORLANDO FL 32838-8863

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 713 Honeysuckle Ave.
Suite, Apt. #, etc.

2a. Mailing Address

25 Same as 2
Suite, Apt. #, etc.

4. FEI Number

59-3401437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 Celebration

24 Zip

34747

Country

27 City & State

28 Celebration

29 Zip

30 34747

Country

9. Name and Address of Current Registered Agent

GONZALEZ, HILARIO
10914 MYSTIC CIRCLE, #102
ORLANDO FL 32838

10. Name and Address of New Registered Agent

81 Name

Hilario Gonzalez

82 Street Address (P.O. Box Number is Not Acceptable)

713 Honeysuckle Ave.

83

84 City

Celebration

FL

85 Zip Code

34747

11. 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 type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Hilario Gonzalez

STREET ADDRESS 713 Honeysuckle Ave.

CITY-ST-ZIP Celebration FL 34747

TITLE ☐ DELETE

NAME Zoila Marte

STREET ADDRESS 713 Honeysuckle Ave.

CITY-ST-ZIP Celebration FL 34747

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/97

(407)239-1717

Date

Daytime Phone #

CR2E034 (9/96)