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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



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

DOCUMENT # P96000082904 (9)

1. Corporation Name  
CORRAL H.U.M., INC.

Principal Place of Business  
1727 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33311

Mailing Address  
1727 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33311-4813

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified 10/08/1996  
3a. Date of Last Report 12/31/96  
4. FEI Number 65-0701504  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SMITH, ARTHUR B  
915 MIDDLE RIVER DRIVE  
SUITE 420  
FORT LAUDERDALE FL 33304

81 Name  
82 Street (P.O. Box Number is Not Acceptable)  
83  
84  
FL 85 Zip Code

11. Pursuant to the provisions of Section 607.07(1)(b), Florida Statutes, the above named agent is appointed 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, and they hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE

Signature, typed or printed name, and date of filing (SEE Registered Agent Signature and Date of Filing) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME MAXSTADT, OSCAR  
STREET ADDRESS % 1727 N. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE TD  
NAME HOLT, STEVEN R  
STREET ADDRESS % 1727 N. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE SD  
NAME ULLMAN, M. WILLIAM  
STREET ADDRESS % 1727 N. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33311  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information provided 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: Steven R. Holt Stevens R. Holt