

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P96000085958 (2)

1. Corporation Name

~~INTERNATIONAL HAULERS, INC.~~ HOWTZER CORPORATION

Principal Place of Business

1150 NORTH WEST 72ND AVENUE  
SUITE 780  
MIAMI FL 33126

Mailing Address

1150 NORTH WEST 72ND AVENUE  
SUITE 780  
MIAMI FL 33126-1832



2. Principal Place of Business

21 4119 SW 16th ST.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 PO Box 144937

Suite, Apt. #, etc.

27 City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

10/01/1986

3a. Date of Last Report

4. FEI Number

65-0702996

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

9. Name and Address of Current Registered Agent

INGUANZO, OMAR C  
1150 NORTH WEST 72ND AVENUE  
SUITE 780  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

4119 SW 16th St.

83

84 City

MIAMI

FL

85 Zip Code

33134

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

By signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME RUIZ, HECTOR M  
STREET ADDRESS 1150 NORTH WEST 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126

TITLE VPTS ☐ DELETE

NAME INGUANZO, OMAR C  
STREET ADDRESS 1150 NORTH WEST 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126

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 P ☒ Change ☐ Addition

1.2 NAME G. H. CARTAYA  
1.3 STREET ADDRESS 4119 SW 16th St.  
1.4 CITY-ST-ZIP MIAMI, FL 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4119 SW 16th St.  
2.4 CITY-ST-ZIP MIAMI, FL 33134

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME MCH CARTAYA  
3.3 STREET ADDRESS 4119 SW 16th St.  
3.4 CITY-ST-ZIP MIAMI, FL 33134

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:

*cec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OMAR C. INGUANZO

4/24/97 (200) 448-7531

Daytime Phone #

0168082

CR2E034 (9/96)