

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

lope

004429

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 NOV -2 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000086803 (9)
 1. Corporation Name
H4 DREAMS CORPORATION

Principal Place of Business 8724 NW 32ND AVENUE MIAMI FL 33147	Mailing Address 8724 NW 32ND AVENUE MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date incorporated or Qualified 10/21/1996	
4. FEI Number 65-0716158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERNANDEZ, LUIS S
 8724 NW 32ND AVENUE
 MIAMI FL 33147

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERNANDEZ, LUIS S 8724 NW 32ND AVENUE MIAMI FL 33147 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002681666-4 -11/05/98--01100--002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HERNANDEZ, RITA T 8724 NW 32ND AVENUE MIAMI FL 33147 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11-4-98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Sandra B. Mortham* 10-24-98 6914043

CR2E034 (5/98)

20/2

October 27, 1998

Florida Department of State
Division of Corporations
Annual Report Filings

Re: Document #P96000086803 (9)
H4 Dreams Corporation

To whom it may concern:

The purpose of this letter is to explain the reason why this report was not sent on time.

My wife and I are the type of individuals that like to make our payments on time and also like to keep everything in order; but unfortunately during the filing months my health was very poor. I was confined to a bed, suffering of extreme lower back pain radiating to my right leg, caused by two herniated disks to the extent that when I went to see Dr. Luis Pagan with telephone number (305) 826-3366 he recommended surgery right a way in order to relieve the pain, and with in a few days the surgery took place at Palmetto Hospital and afterwards the road to recovery.

During this painful period the business and the corporation's matters were unattended.

We ask that you please reinstate the corporation and waive the penalty, and accept the original \$150.00.

If you need to contact me, I could be reached at (305) 557-9721. Thank you ahead of time for your cooperation in this matter.

Sincerely,



Luis S. Hernandez