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

Mailing Address 8724 NW 32ND AVENUE

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherin: Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000086803

1. Corporation Name

Principal Place of Business

8724 NW 32NI) AVENUE

SIGNATURE:

H4 DREAMS CORPORATION

MIAMI FL 33147	1	MIAMI FL 33147				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/21/1996			
2. Principal 3	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
1		26				65-07 <u>16 158</u>		Not Applicable	
Suite, Apt. a	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired		75 Ad titional e Required	
City & State		City & State				6. Election Campaign Financing	\$5	<b>00</b> May Be	
	7	28				Trust Fund Contribution		ted to Fees	
Zip	Country	Zip		Country		8. This co poration owes the current year In	tangible		
<del></del> 1 '	25	29	30	,		Personal Property Tax.	Yes	[]No	
24	9. Name and Address of Current	<del></del>	1001			10. Name and Address of New Registered	Agent		
	V. Isalio and Add Odd Of Gallonia			81	Name				
HERI	NANDEZ, LUIS S			-		O O D II I			
8724	NW 32ND AVENUE			82	Street Ac	dress (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33147			83	<del> </del>				
				_			<del></del>		
				84	City	FL	85	Zip Code	
44 5 5 5	4 S 4 S 4 S 7 D 5 O 7 D 5 O 7	and 607 1509 Florida Statu	toe th	e abov	e-named co	proporation culture this statement for the purpose of	f changing	a its eaistered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	if Florida. Such change was a	autnori	zea by	the corpor:	ation's board of directors. I hereby accept the appo	intment a	is reç istered	
SIGNATURE						urred when reinstating DATE			
	Signature, typed or printed n ime of registered ager t			ered Ager	it signature recu	ured when reinstating DATE  ADDITIONS/CHANGES TO OFFICERS A	אות מוא	CTORS IN 12	
12.	OFFICERS AND	DELETE		.1 TITLE		ABBITIONS/CITATIONS TO STYTOLING AT	Chai		
TITLE	PSD LIEDNAMBEZ LLIIC C						<u></u>		
NAME	HERNANDEZ, LUIS S		- 1	.2 NAME					
STREET ADDI ESS	8724 NW 32ND AVENUE		•		TADDRESS				
CITY-ST-ZIP	MIAMI FL 33147	☐ DELETE	_	4 CITY-S	T-ZIP		Chai	nge	
TITLE	VTD	☐ DELETE		,1 TITLE	ļ			inge	
NAME	HERNANDEZ, RITA T		ı	2 NAME					
STREET ADD RESS	8724 NW 32ND AVENUE		h		T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147			4 CITY-S	ST-ZIP			- Addition	
TITLE		☐ DELETE	3	1 TITLE			☐ Cha	inge	
NAME			3	2 NAME	ļ				
STREET ADDRESS			3	3 STREE	TADDRESS				
CITY-ST-ZIF			3	4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4	1 TITLE	ı		Cha	inge 🗌 Addition	
NAME			4	2 NAME	1				
STREET ADDRESS			4	3 STREE	TADDRESS				
CITY-ST-ZIP			4	4 CITY-S	iT-ZIP				
TITLE		☐ DELETE	5	1 TITLE			Cha	angs 🔲 Addition	
NAME			5	.2 NAME	}				
STREET AL DRESS			1	3 STREE	T ADDRESS				
CITY-ST-Z-P			,	4 CITY-5	ST-ZIP				
TITLE		DELETI:	E	1 TITLE			☐ Cha	ang : Addition	
NAME			9 6	.2 NAME	1				
STREET ALIDRESS				3.3 STREE	T ADDRESS				
STREET AUUNESS			١,	A CITY-S	ST. 7IP				

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 convoration by the receiver or truetee enhowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Bic ck. 12 or Block. 13 if charged, or an antacyment with an address, with all other like empowered.

**FILED** 

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90029 050 \*\*\*150.00