


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092965

1. Corporation Name
HIPOCAMPUS, INC.

Principal Place of Business
**815 N.W. 126 CT.
MIAMI FL 33182**

Mailing Address
**815 N.W. 126 CT.
MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

65-0722584

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **8566 NW 70 ST**

2a. Mailing Address

26 **8566 NW 70 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33166**

Country

25 **USA**

Zip

29 **33166**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PINA, LUIS
815 N.W. 126 CT.
MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name

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

8566 NW 70 ST

83

84 City

MIAMI

FL

85 Zip Code
33166

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PINA, LUIS**
STREET ADDRESS **815 N.W. 126 CT.**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **8566 NW 70 ST**

1.4 CITY-ST-ZIP **MIAMI FL 33166**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P96000092965
599564-90007-26

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER STREET, SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.COM

July 26, 1999

Division Of Corporations
Annual Reports Filings
P.O. 1500
Tallahassee, Fl. 32302-1500

Re: Hipocampus, Inc.
Document number P96000092965

We are enclosing your second notice of the corporate annual report, with a check for \$150.00, and applicable changes,

Please note, the taxpayer moved and never received the first notice, we respectfully request a waiver of the late filing penalties, and accept the form as filed.

Sincerely,


Felipe R. Ruiz

cc: Hipocampus, Inc.