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

Mailing Address

P.O. BOX 971507

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600093420

1. Corporation Name

Principal Place of Business 17970 SW 152 AVE.

PROPERTIES D.H. INVESTMENTS CORP.

MIAMI FL 33187	1	MIAMI FL 33197		•		DO NOT WRITE IN THIS SPACE				
					3	3. Date Incorporate	d or Qualifed			
						11/14/1996				
2. Principal PI	ace of Business	2a. Mailing Address			4	1. FEI Number				plied For
21		26				65-07662 <u>98</u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	5. Certifcate of Stat	us Desired		\$8.75 A	
22		27							Fee Re	<u></u>
City & State	e	City & State			6	Election Campaiq			\$5.00	- 1
23		28				Trust Fund Contr	ibution		Added to	o Fees
Zip	Country	Zip	_ Cour	ntry	8	This corporation		ent year Inta		
24	25	29 3	10			Personal Propert				□No
	9. Name and Address of Curre	ent Registered Agent		2.1		Name and Addr	ess of New	Registered	Agent	
0111	IMAED E			81 Name						
	JAVIER E.		ŀ	82 Street	Address ((P.O. Box Number i	s Not Accept	able)_		
1319 SANIGNACIO AVE				179	170	SW 152	AVEN	UE		a
COR	AL GABLES FL 33146			83						
									Jost Zin C	
				84 City	MIAM			FL	85 Zip C	187
11 . Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	the at	ove-namer	1 corporation	on submits this stat	ement for the	nurnose of	changing its	registered
office or re	edistered agent, or both in the State	e of Florida. Such change was aut	honzed	by the corp	oration's b	board of directors. I	hereby acce	pt the appoir	ntment as reç	gistered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505, Flore	ja Statu	tes.						
SIGNATURE		Aloxe, r		Agent signature				DATE		
	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent signature	Lectoried wher	ADDITIONS/CHAI	JGES TO DE		ID DIRECTO	RS IN 12
12.	DP OFFICERS A	DELETE	1,1 717		Т	ADDITIONS/OFIA	10L0 10 01	TIOCHO	Change	Addition
TITLE	~"								A y-	_
NAME	SIU, JAVIER E		1.2 NA		1.0.0	3 - 4	Main /	1.00 100	I	
STREET ADDRESS	3150 SW 108TH AVE.			REET ADDRESS	1317	9 6AN 131 9L GABLES	AHCIO I	2 2 7 7 7		
CITY-ST-ZIP	MIAMI FL 33165		_	Y-ST-ZIP	Con	th Gables	, ۲	33146	Change	Addition
TITLE	V	☐ DELETÉ	2.1 111	LE	ļ				Change	☐ Addition
NAME	SIU, GISELLE M.		2.2 NA	ME						
STREET ADDRESS	1319 SAN IGNACIO AVE		2.3 ST	REET ADORESS	3					
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CI	Y-ST-ZIP						
TITLE		☐ DELETE	3.1 TIT	LE					Change	☐ Addition
NAME			3.2 NA	ME]
STREET ADDRESS			3.3 ST	REET ADDRESS	3					
CITY-ST-ZIP			3.4. Cf	Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TIT					-	Change	☐ Addition
NAME			4. 2 NA							
STREET ADDRESS				REET ADDRESS	,					
1				Y-ST-ZIP						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		1				☐ Change	☐ Addition
		Lad October	5.2 NA							
NAME			1	REET ADORESS						
STREET ADDRESS			1	Y-ST-ZIP						•
CITY-ST-ZIP			6.1 TIT						☐ Change	Addition
TITLE		☐ DELETE							Criange	□ vadioon
NAME			6.2 NA	-						ĺ
STREET ADDRESS			6.3 ST	REET ADDRESS	6					1

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90179 015 ***150.00

CR2E034 (11/98)