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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093438 (5)

HUMMINGBIRD IMPORTS CORP.

| rincipal Place of Business | Mailing Address | | | | |
|---|---|--|--|--|--|
| 7516 NW 54TH ST MIAMI FL 33166 US | P.O. BOX 174126 Miami FL 33017 US | | | | |
| Principal Place of Business | 2a. Mailing Address | | | | |

FILED May 05 1998 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | ··· | | | |) 1010 <i>8</i> 0/80 | O ILLE I IBIT IBIT |
|---------------------------|---|---|---------------------------------|---------------|----------|--|----------------------------|------------------------|
| 7516 NW 5 | • | P.O. BOX 174126 | | | | | | |
| MIAMI FL 33166 | | MIAMI FL 33017 | | | | DO MOT MIDITE IN THE | C CDACE | |
| US | | US | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | 3 SPACE | |
| | | | | | | 11/12/1996 | | |
| | lace of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · | - | | 4. FEI Number | A | applied For |
| 21 | | 26 | | | | 65-0717324 | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Count | ry | | 8. This corporation owes or has paid the c | | |
| 24 | 25 25 Name and Address of Currer | 29 Agent | 30 | | | Personal Property Tex due June 30. 10. Name and Address of New Registered | | ∐ No |
| | | it negistered Agent | 8 | 11 1 | Name | 10. Hante Bild Addiess of New Hogisters | 3 280111 | |
| | CAPOTE, BEATRIZ M 101 BRICKELL AVENUE | | | | | | | |
| | 7TH FLOOR | | 8 | 12 5 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| | ILAMI FL 33131 | | 8 | 13 | | | | |
| • | WWW I E GOID! | | | 4- | 21. | | | Ordo |
| | | | 10 | 14 (| City | F | L 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statu | les, the abo | ve-n | arned i | corporation submits this statement for the purpose | of changing | its registered |
| office or r agent. I a | egistere d agent, or both, in the State i m fam iliar with, and accept the oblig | eof Florida. Such chan ge was lations of, Section 6 07. 0505 , Fl | authorized I orida Statut | by th los. | ie corp | oration's board of directors. I hereby accept the ap | pointment as | s registered |
| SIGNATURE | | | | | | | | |
| | Signature Typed or printed name of registered ag- | | | gent s | ignature | required when reinstating) DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO Change | RS IN 12 Addition |
| TITLE | BASSETT, ROGER P | ר ו הנרנוב | 1.1 TITLE | | Ì | | | Addition |
| NAME | 170 E 63RD ST | • | 1.2 NAM | | DREGG | | | |
| STREET ADDRESS | HIALEAH FL | | 1.3 STRE | | | | | |
| CITY-ST-ZIP TITLE | VP | DELETE | 1.4 CITY 2.1 TITUE | | | | Change | Addition |
| NAME | BASSETT, PATRECE | | 22 NAM | | l | BALCOH PATRICIC | P=-/\ | |
| STREET ADDRESS | 170 C 63RD ST | | 2.3 STRE | | DRESS | 170 = 63 0d st | | |
| CITY-ST-ZIP | HIALEAH FL | | 2. 4 CITY | | 7IP | BASSETT PATRICICA 170F 63Rd ST HIALERY, FI | | |
| TITLE | | DELETÉ | 3.1 11116 | | | Chile Control | Change | Addition |
| NAME | | | 3.2 NAM | E | | | | |
| STREET ADDRESS | | | 3.3 STRE | E1 ADI | DRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY | (-S1-; | ZIP | | | |
| TITLE | DELETE 4.1 | | 4.1 TITLE | î | | | Change | Addition |
| NAME | | | 4. 2 NAM | ИE | 1 | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADI | DRESS | | | |
| CITY-\$T-ZIP | | | 4.4 CITY | -SI-Z | IP. | | | |
| TITLE | | ☐ D€LETE | 5 1 THTLE | i | | | Change | Addition |
| NAME | | | 5.2 NAM | | | | | |
| STREET ADDRESS | | | 5.3 STRE | | | | | |
| CITY-ST-ZIP | | Dr. Cre | 5.4 CITY | | (P | | Channe | Addition |
| TITLE | | ☐ DELETE | 6.1 1111.6 | | | | ☐ Change | Addition |
| NAME | | | 6.2 NAM | | DDECC | | | |
| STREET ADDRESS | | | 6.3 STRE | | | | | |
| CITY-ST-ZIP | certify that the information surveited w | ith this filing does not qualify f | 6.4 CITY or the exem | | | d in Section 119.07(3)(i), Florida Statutes. I further | certify that th | e 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 an anged, or on an attachment with an address.