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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

1111 PARK CENTRE BLVD

2. Principal Place of Business

SUITE 830

Suite, Apt. #, etc.

City & State

SUITE 222

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Zip

MIAMI FL 33169



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093512 (7)

HARBER PREMIER PRODUCTS, INC.

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1320 SOUTH DIXIE HIGHWAY

CORAL GABLES FL 33146

Mailing Address 1111 PARK CENTRE BLVD **SUITE 222**

MIAMI FL 33169

2a. Mailing Address

City & State

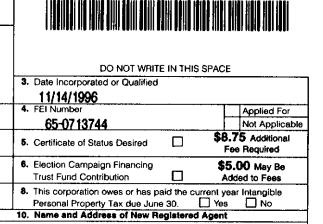
Suite, Apt #, etc.

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9. Name and Address of Current Registered Agent

FILED Feb 11 1998 8:00am Secretary of State



<u>Evan D.</u>

dress (P.O. Box Number is Not Acceptable) 800 Ponce de Leon Boulevard

City 33134-6912 Coral Gables 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

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Country

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agent. I a	m tamiliar with, and accept the obligations of, Sec	tion 607.0505, Flori	ida Statutes.				_
SIGNATURE Signature, typed or profiled name of negistered agree and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF		ND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE	7.7.11		Change	Addition
NAME	HARRIS, WALTER L		1.2 NAME				İ
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 222		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	21 TITLE			Change	☐ Addition
NAME	JOVE, EFRAIN		2.2 NAME				
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 222		2.3 STREET ADDRESS				- 1
CITY-ST-ZIP	MIAMI FL 33169		2. 4 CiTY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. City-St-ZiP				ļ
TITLE	-	DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				į
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	■ Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 received 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 of the received or the following the results of the received or the state of the corporation of the received 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 of the received of the corporation of the received of the receiv

SIGNATURE: