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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000095482 (1)

HRH INTERNATIONAL, INC.

FILED May 15 1998 8:00am Secretary of State



Discouling the second s					
Principal Place of Business Mailing Address					
7830 MW 33RD STREET 7830 MW 33RD STREET					
SUITE 101 HOLLYWODD FL 33024		SUITE 101 HOLLYWODD FL 33024			DO NOT WRITE IN THIS SPACE
		1100011100016 00014			3. Date Incorporated or Qualified
1					11/21/1996
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 65-0800810 Applied For
21		26			APPLIED FOR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Regulred
City & State		Cily & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
l Zib	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25	29]	10		Personal Property Tax due June 30. 🔣 Yes 🔲 No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
IC IC	MAIL, HAROON		8.		PAIL, HAROON
7830 NW 33RD STREET			82	Street Add	PATL, HAZOON dress (P.O. Box Number is Not Acceptable)
	101		["	783	
H	OLLYWODD FL 33024		83	1	
			84	City	lag 7: Code
			0.	140	14ywood FL 85 Zip Code 33024
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.					
ornice of registered agent, or come in State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am lamilar with and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE WWW.					
Signalure, uned or printed name of registered agent and talk if applicable (NOTE: Registered Agent signalure required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD 10000	DELETE	11 TITLE		Change Addition
NAME	ISMAIL, HAROON		1.2 NAME	-	
STREET ADDRESS	7830 NW 33RD STREET, #10	וו	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	HOLLYWODD FL 33024		1.4 CITY-	ST-7IP	
TITLE	VD	⊠ DELETË	2.1 TITLE		L.] Change L.] Addition
NAME	FAISAL, HAROON		2.2 NAME		
STREET ADDRESS	7830 NW 33RD STREET, #10)1	2.3 STREE	1 ADDRESS	
CITY-ST-ZIP	HOLLYWODD FL 33024		2. 4 CITY	ST-ZIP	
TITLE	10	⊠ DELETE	3.1 TITLE		Change Addition
NAME	ISMAIL, MOHAMMAD R	•	3.2 NAME		
STREET ADDRESS	7830 NW 33RD STREET, #10	n	3.3 STREE	1 ADDRESS	
CITY-ST-ZIP	HOLLYWODD FL 33024		3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADORESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	-	
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE€	I ADDRESS	
CITY-ST-ZIP			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 gorporation or the recoiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an advantable with an address.