**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006137

1. Corporation Name

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90055 001 \*\*\*600.00

H-M-m-HVII	ERNATIONAL, INC.	•					
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Principal Place	e of Business	Mailing Address			I topilitas iia ibiii ibaii abiii abiii		
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MIAMI FL MIAMI FL					20 1)07 1/2/75		<b>-</b>
					DO NOT WRITE  3. Date Incorporated or Qualifed	IN THIS SPAC	E
					01/22/1997		
- D-::(D	loss of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
	lace of Business	<u> </u>			65-0723831		Not Applicable
21 Suito Ant	# etc	Suite, Apt. #, etc.	_	<del></del>		\$8	75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		ee Required	
ZZ    ZT    City & State   City & State				6. Election Campaign Financing		5.00 May Be	
		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country	_	8. This corporation owes the current	t year Intangible	
24	25	29	0		Personal Property Tax.	ĹYe	
<del></del>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Agent	
			81	Name			•
	/er, ramon		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	SW 137TH CT., UNIT A		02	Street Addi	CSS (1 .O. BOX Hambor to Hot / Goophio	<u> </u>	
MIAN	AI FL		83				
			84	City		85	Zip Code
				1		- FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above	e-named corp	oration submits this statement for the pu	irpose of chang	ing its registered
office or re	registered agent, or both, in the State on familiar with, and accept the obliga	of Florida, Such change was aut ations of, Section 607.0505, Florid	horized by la Statutes.	the corporation	on's board of directors. I hereby accept t	ине арроинители	as registered
				•			
SIGNATURE	Signature, typed or printed name of registered age			_	d when reinstating)	DATE	
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	legistered Agen	_		DATE CERS AND DIR	ECTORS IN 12
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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 chapted, or an ap attacturent with an address, with all other like empowered.

SIGNATURE:

305-207-0329