05-21-1999 90010 020 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700007833

1. Corporation Name

HODE INVESTMENTS CODE

	AVESTMENTS, CORF.							
Principal Place	e of Business	Mailing Address			1 1001(001 170 1011) 100(1 00(1) 00	111 <b>60</b> 111 <b>00</b> 111 <b>0</b>	9161 18891 1811	SE (1120 L()) 700(
•		1800 S.W. 8TH STREET						
1800 S.W. 8TH STREET 1800 S.W. 8TH STREET MIAMI FL 33135 MIAMI FL 33135								
	-				DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					01/27/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		-	pplied For
21		26			65-0725102		<del></del>	lot Applicable
Surte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional tequired
22		27						
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	Zip	Country		8. This corporation owes the curr	ent vear Inta		
24	25	29 30			Personal Property Tax.	om your min	☐ Yes	□No
	9. Name and Address of Curre		<u>-</u>		10. Name and Address of New F	Registered A	Agent	
			81	Name			-	
	a, maria m		82	Street Add	ress (P.O. Box Number is Not Accent	able)		
1800	) S.W. 8TH STREET		02	82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33135		83					
			84	City		<del> </del>	85 Zip	Code
			8*	City		FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the	purpose of	changing it	s registered
office or r agent. I a	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was autrations of, Section 607.0505, Florid	orized by a Statutes.	the corporati	ooration submits this statement for the ion's board of directors. I hereby acce	or the appoir	changing it ntment as r	s registered registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State or familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro	orized by a Statutes.	the corporati	on's board of directors, i nereby acce	DATE	Ilment as r	egistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State on familiar with, and accept the oblig Signature, typed or pointed name of registered ag	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro ND DIRECTORS	a Statutes.	the corporati	on's board of directors. I hereby acce	DATE	D DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the State on familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro	a Statutes. egistered Agent 13.	the corporati	on's board of directors, i nereby acce	DATE	Ilment as r	ORS IN 12
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro ND DIRECTORS	a Statutes. egistered Agent 13. 1.1 TITLE 12 NAME	the corporati	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro ND DIRECTORS	a Statutes.  Statutes.  13.  1.1 TITLE  12 NAME  1.3 STREET	the corporati	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III	e of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RiND DIRECTORS	a Statutes.  egistered Agent 13.  1.1 TITLE 12 NAME 1.3 STREET 14 CITY-SI	the corporati	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro ND DIRECTORS	a Statutes.  egistered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-ST	the corporati	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RiND DIRECTORS	a Statutes.  egistered Agent  13.  1.1 TITLE  12 NAME  1.3 STREET  14 CITY-ST  2.1 TITLE  2.2 NAME	t signature require ADDRESS	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RiND DIRECTORS	opistered Agental 13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	t signature require  ADDRESS  ADDRESS	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid  ent and title if applicable. (NOTE: Ri  ND DIRECTORS  DELETE	orized by a Statutes.  13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME 23 STREET 2.4 CITY-S	t signature require  ADDRESS  ADDRESS	on's board of directors, i nereby acce	DATE	□ DIRECT □ Change	ORS IN 12 Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RiND DIRECTORS	opistered Agental 13.  1.1 TITLE 12 NAME 1.3 STREET 14 CITY-S1 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	t signature require  ADDRESS  ADDRESS	on's board of directors, i nereby acce	DATE	D DIRECT	ORS IN 12 Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid  ent and title if applicable. (NOTE: Ri  ND DIRECTORS  DELETE	orized by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	t signature require  ADDRESS  1-ZIP  ADDRESS  7-ZIP	on's board of directors, i nereby acce	DATE	□ DIRECT □ Change	ORS IN 12 Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid  ent and title if applicable. (NOTE: Ri  ND DIRECTORS  DELETE	a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	t signature require  ADDRESS  1-ZIP  ADDRESS  1-ZIP	on's board of directors, i nereby acce	DATE	□ DIRECT □ Change	ORS IN 12 Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	en of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro. ND DIRECTORS DELETE DELETE	a Statutes.  13.  1.1 TITLE  12 NAME  1.3 STREET  1.4 CITY-S1  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  32 NAME  3.3 STREET  3.4 CITY-S	t signature require  ADDRESS  1-ZIP  ADDRESS  1-ZIP	on's board of directors, i nereby acce	DATE	□ DIRECT □ Change	ORS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	e of Florida. Such change was autrations of, Section 607.0505, Florid  ent and title if applicable. (NOTE: Ri  ND DIRECTORS  DELETE	Provided by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	t signature require  ADDRESS  1-ZIP  ADDRESS  1-ZIP	on's board of directors, i nereby acce	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	en of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro. ND DIRECTORS DELETE DELETE	Provided by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	t signature require signature require ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors, i nereby acce	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	en of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro. ND DIRECTORS DELETE DELETE	Provided by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-SI 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	t signature require signature require ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	on's board of directors, i nereby acce	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	en of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RoND DIRECTORS DELETE DELETE DELETE	Provided by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 32 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.4 CITY-ST 4.5 NAME 4.5 STREET 4.4 CITY-ST	t signature require signature require ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	on's board of directors, i nereby acce	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KABA, MOISES III 1602 S.W. 139 AVENUE	en of Florida. Such change was autrations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro. ND DIRECTORS DELETE DELETE	Provided by a Statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-SI 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	t signature require signature require ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	on's board of directors, i nereby acce	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

305-642-2229

Change

Addition