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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000010730 (4)

HINCO FOLIPMENT INC

FILED May 05 1998 8:00am Secretary of State

JUNOO	LGOIFWENT, INC.							
Principal Place	of Business	Mailing Address						
7800 MINDELLO STREET 7800 MINDELLO STREET								
CORAL GABLES FL 33143 CORAL GABLES FL 33143								
						DO NOT WRITE IN THIS SPACE	 -7	
						3. Date Incorporated or Qualified	İ	
Co Ditariani Di	and of Divisions	On Mailing Address	<i></i>			01/30/1997 4. FEI Number Applied For		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For Not Applied For Not Applied For	-	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						- \$9.75 Additional	Ή.	
22						5. Certificate of Status Desired Fee Required		
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be	1	
23		26				Trust Fund Contribution Added to Fees	╝	
Zip Country Zip			Cou	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🚜 Yes 🔲 No		
	9. Name and Address of Current	Registered Agent		41.		10. Name and Address of New Registered Agent	\dashv	
	LAND & RUSSIN, P.A.			81 1	^{Name} ∑S∤	BABEL SINGLETURY		
2420 19T LINION FINANCIAL CENTER				82 3	Street Addre			
200 S BISCAYAR BLVD.				-	<u>7800</u>	MINDELLO SIRLE		
MI/	AMITE 33131			83		•		
				84 (City	Al Males FL 85 Zip Code 37143	٦	
					CORA	Al Males FL 37143	,	
office or re	io the provisions of Sections 607.0502 egi st ered againt, or both y in the State a	r ang 607.1508, Florida Statu ⊁Horida: Such change was	tes, the at authorize	ove-r d by th	iameo corpo ne corporatio	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	'	
agent. I a	my familiar with, and according the deliga	tions of Geetlon 607.0505, Fl	lorida Stat	utes.		4/25/98		
SIGNATURE	Sully 10	2 alay	IC D		ciacat un roculun	ifred when reinstating) DATE	١.	
12.	Strandre hand or posted auto & realisted augu OF MCERS AND		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Decident	DELETE	1.1 TI	ΓLE	Pr	Change Addition	T \$	
NAME	JEART SINCE	7 cy	1.2 N	AME	`⊐	ISABEL SINGLETARY	2	
STREET ADDRESS 8944 AW 24 Terrance			1351	13 STREET ADDRESS 7		TEABLI Single Tary 7800 Mindello Street	}	
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NAME			6.2 N					
STREET ADDRESS				TREET AD				
CITY-ST-ZIP	will that the information	th this filling does not profit.	6.4 C	TY-ST-	ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information	-	
I 14. INOTODY C	ænny macine information supplings wi	ш шы шыу ао сыңог дов ику	IOI THE EX	SITIPLIC	ni praton ili c	s occurs i restriction de otentes. I lutilles de las tries internation	, I	

indicated on this annual report or supplient and an analysis 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 of the eceiver or trustee employered 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 an any attachment with an experience.