

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90042 014 ***150.00

DOCUMENT # P97000013920

1. Corporation Name

H. F. PROJECTS & BUSINESS, INC.

Principal Place of Business

8315 N.W. 64 STREET
SUITE 4
MIAMI FL 33166
US

Mailing Address

8315 N.W. 64 STREET
SUITE 4
MIAMI FL 33166
US

2. Principal Place of Business

21 5516 NW 101 COURT

Suite, Apt. #, etc.

22 DORAL PINES

City & State

23 MIAMI, FL

Zip

24 33178

Country

25 US

2a. Mailing Address

26 5516 NW 101 COURT

Suite, Apt. #, etc.

27 DORAL PINES

City & State

28 MIAMI, FL

Zip

29 33178

Country

30 US

9. Name and Address of Current Registered Agent

FRANK, MAURICIO H
5516 N.W. 101 COURT
DORAL PINES
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

65-0731714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FRANK, HERBERT D
STREET ADDRESS 5516 NW 101 CT. DORAL PINES
CITY-ST-ZIP MIAMI FL 33178

TITLE VD ☐ DELETE

NAME FRANK, MAURICIO H
STREET ADDRESS 5516 NW 101 CT. DORAL PINES
CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☐ DELETE

NAME FRANK, LAURA D
STREET ADDRESS 5516 NW 101 CT. DORAL PINES
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☒ DELETE

NAME SANTOS, JOSE RAIMUNDO
STREET ADDRESS 7860 CAMINO REAL L106
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

MAURICIO FRANK

APR 06 1999 (305) 594-7913

Date

Daytime Phone #

CR2E034 (11/98)

0242257