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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 22 1998 8:00am Secretary of State

DOCUMENT # P97000016808 (2)					
1	H GROUP, INC.	` '	,		
"""				1 (00) (60) (6) (6) (1 (4) (4) (1 (4)	BILL AXIDI MAID BILDI IBIH BAKAI IAM ABDI
		!			
Principal Place of Business Mailing Addres				4 LODGERBOL DEN FOLIN TERRE GREEF DAVIN 31	NIAN MONDY NEGOTO ONION NOGANI MONGOL (\$11) 1901
8154 N.W. 67TH STREET		8154 N.W. 67TH STREET			
MIAMI FL 33166 MIAMI FL 33166				50 407 400	- 11 - 12 0- 1- 1-
				3. Date Incorporated or Qualified	E IN THIS SPACE
				02/21/1997	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0730567	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	T 6	Trust Fund Contribution	Added to Fees
24	25 Country	Zφ	Country	8. This corporation owes or has pa	
[24]	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
FF	RNANDEZ, EDUARDO		81 Name	10. 10. 10. 10. 10. 10. 10. 10. 10.	-giotorou Agont
FAI ROICKEIL KEV DD					
SUITE 400			82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
MIAMI FL 33131 83					
			84 City		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this statement for the purpose of changing its register.					
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					
12.	Signature, typed or printed name of registered agent OFFICERS AND		IF Registered Agent signature requirements.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO GETA	Change Addition
NAME	MARTINEZ PRIEGUE, DOMINGI		1.2 NAME		
STREET ADDRESS	8154 N.W. 67TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP		
TITLE	0	DELFTE	21 TITLE		Change Addition
NAME	SANZ MORADO, JULIO LUIS		2 2 NAME		
STREET ADDRESS	8154 N.W. 67TH ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33188		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP -			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	:		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CITY-ST-ZIP		
TITLE NAME		E' DETERE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE	:	DELETE	5.4 CITY-S1-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		E Grange E Adultun
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	t. certify that the information supplied with	this filing does not qualify for		Section 119 07/3)(i) Florida Statutos L	further certify that the information

4. 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 logal effect as if made under oath, that I am an officer or director of the corpolation 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.

OLONIATURE.

DOMINGE MADERILES

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