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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021930 (7)

FILED May 05 1998 8:00am Secretary of State

Principal Plac	HBOY PRODUCTION INC.	Mailing Address						
9937 NW 9 SR. CIR. #5 Miami Fl 33172		9937 NW 9 SR. CIR. #5 MIAMI FL 33172		20 102	T 161 T 110	CDACE		
					DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS	SPACE	
					03/11/1997			
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26						Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	te -	City & State			6. Election Campaign Financing	_		May Be
23		28	1 2		Trust Fund Contribution			d to Fees
Zip 24	Country	Zip	Coun	ary	8. This corporation owes or has p		rrent year	Intangible No
24	25 9, Name and Address of Currer	29 1 29 1 29 1 29 1 29 1 29 1 29 1 29 1	[30]		Personal Property Tax due Jun 10. Name and Address of New R			Z IVO
NAI	RANJO, GILBERTO			Name		- 3		
	87 NW 9 SR. CIR. #5		ļ.	32 Street Add	fress (P.O. Box Number is Not Accepta	hlo)		
	VMI FL 33172		[SI SI BBL AUL	iless (F.O. Box Number is Not Accepts	1010)		
			[4	33				
			-	34 City			85 Zi	p Code
						FL	• 💷	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida. Such change was	utes, the abo s authorized	ove-named cor by the corpora	poration submits this statement for the ition's board of directors. I hereby acceptance	purpose o	f changing pointment	g its registered as registered
agent. La	am ramiliar with, and accept the oblig	ations of, Section 607.0505, I	Florida Statu	tes.	·			
øgent. I a SIGNATURE								
•	Signature, typed or printed name of registered again				ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
SIGNATURE	Signature, typed or printed name of registered again	eni and title d'applicable. (No	OTE Registered	Agent signature requ	ired when reinstating)	DATE		ORS IN 12
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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.

MONATURE OF THE STATE OF THE STATE WAS 100 223730