

5-12-98 B 7092 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037697 (4)
 1. Corporation Name
HOLLYWOOD FUTTON AULET, INC.



Principal Place of Business 5210 SW 5TH STREET MIAMI FL 33134	Mailing Address 5210 SW 5TH STREET MIAMI FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 130 NE 1st Ave Suite, Apt. #, etc.	2a. Mailing Address 26 130 NE 1st Ave Suite, Apt. #, etc.
22 City & State 23 Hallandale, FL	27 City & State 28 Hallandale, FL
24 Zip 33009	25 Country USA
29 Zip 33009	30 Country USA

3. Date Incorporated or Qualified 04/28/1997	
4. FEI Number 65-0748516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ, FANNY 5210 SW 5TH STREET MIAMI FL 33134		81 Name Fanny Martinez
		82 Street Address (P.O. Box Number is Not Acceptable) 130 NE 1st Ave
		83
		84 City Hallandale
		85 Zip Code FL 33009

10. Name and Address of New Registered Agent	
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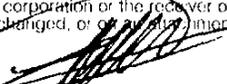
11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE Officer: President	<input type="checkbox"/> DELETE
NAME Delta Gonzalez	
STREET ADDRESS 5491 W. 24 Ave #40	
CITY-ST-ZIP Hialeah, FL 33016	
TITLE Secretary	<input type="checkbox"/> DELETE
NAME Alexandra Gonzalez	
STREET ADDRESS 5491 W. 24 Ave #40	
CITY-ST-ZIP Hialeah, FL 33016	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the filing of a new address.

SIGNATURE:  **Fanny Martinez** 4/28/98 (754) 454-2828

CR2E034 (10/97)