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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000046508 (2)

HIRAM A CORP.

**FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								191 91111 931	BI 1811 1881
2604 W 68 PL Hialeah Fl 33019-5404			2804 W 68 PL Hialeah Fl 33019-5404						
						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 05/27/1997			
2. Principal P	lace of Business	2a. Mailing Ac	2a. Mailing Address			4. FEI Number	. 0	Apr	plied For
21		26			65,075562	<u> </u>	No <sup>1</sup>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ø ·	\$8.75 A Fee Re	
City & State	9	<u>├</u> ─त '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Žip	Country Zip			ountry	7	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						10. Name and Address of New Re	glatered Age	ant	
PINERO, HIRAM					Name				ļ
	04 W 68 PL NLEAH FL 33019-5404				Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
1 10	4LE/011 C 00018-0404			83					
				84	City		FL	B5 Zip C	Code
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, Floate of Florida. Such ch	orida Statutes, the	abov zed b	e-named corp the corporat	oration submits this statement for the pion's board of directors. I hereby accept	ourpose of ch pt the appoin	anging its	registered registered
SIGNATURE	m familiar with, and accept the ob								
	Signature, typed or printed name of registered				ent signature requir	ed when reinstating)	DATE	DEOTOD	0.151.40
12.	OFFICERS /	AND DIRECTORS		3.	-	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	PIÑERO, HIRAM	L.		1 TITLE			L-	LONGING	
NAME	264 W 68 PL			2 NAME					Į
STREET ADDRESS	LHAI EALI EL GOGAN BANA			1.3 STREET ADDRESS					
CITY-ST-ZIP	DTS DELETE			1.4 CITY - ST - ZIP 2 1 TITLE				Change	Addition
TITLE	PANDO, ANGELA A		H 1	2.2 NAME				, change	
NAME	264 W 68 PL			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	HIALEAH FL 33016-5404			2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	111			1 TITLE	51-ZIP			Change	Addition
NAME		ســـا		2 NAME			•		
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP				4. CITY-					į
TITLE		П		1 TITLE	w. 411	<u> </u>		Change	Addition
NAME				2 NAME					İ
STREET ADDRESS			4.5	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY - S					
TITLE				1 TITLE				Change	Addition
NAME		_	5.	2 NAME					
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP				4 CITY - S					
TITLE				1 TITLE				Change	Addition
NAME			6.	2 NAME					
STREET ADDRESS					ADDRESS				
PITTLE MANUELOG				4 01714					

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 man attachment with an address.

04/27/98