PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000047613

MHF ENTERPRISES, INC.

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90040 022 ***150.00



| Principal Place | e of Business | Mailing Address | | | |
|---------------------------------|--|---|--|--|------------------------------|
| | ROAD SUITE 110 | 250 SW BIRD ROAD SUITE 110 | | | |
| CORAL GABLES | 5 FL 33146 | CORAL GABLES FL 33146 | | DO NOT WRITE | IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| | | | | 05/29/1997 | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Z. Pinicipal P | AZ COLO SU (+ | | 2115+ | 65-0768772 | Not Applicable |
| 21 6 / | 03 301 2031 | 26 8/03 500 Suite, Apt. #, etc. | 24 31 | 05-0700772 | \$8.75 Additional |
| — · · · · · | | | • | 5. Certificate of Status Desired | Fee Required |
| 22 | | City & State | | a Si iii O anning Financian | |
| City & State 23 Missimi, R 28 | | 28 Mismi, 92 | | Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip | Country USA | | Country USA | 8. This corporation owes the current | year Intangible |
| 24 33 | 155 25 Uncle | 29 33155 30 | DADE | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | istered Agent |
| | | | 81 Name | MARIO HERNANDEZ. | -FUMETED |
| | NANDEZ-FUMERO, MARIO | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable | |
| | SW BIRD ROAD SUITE 110 | | | 402 SW 74 AVE | |
| COR | AL GABLES FL 33146 | | 83 | | |
| | | | 84 City | ramvi | FL 85 Zip Code |
| 44 6 | A. 4b | and 607 1500 Florida Statutos M | 1 1 - | oration submits this statement for the pu | |
| office or r | egistered agent, or both, is the State of m familiar with, and the state of m familiar with, and the spot the obligation | of Florida. Such change was authorions of Section 607.0505, Florida | ized by the corporation of the c | on's board of directors. I hereby accept the | ne appointment as registered |
| SIGNATURE | 11/100 | Mario Fean | | as President 4 | -15-99 DATE |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HERNANDEZ-FUMERO, MARIO | | 1.2 NAME | | · |
| STREET ADDRESS | ATA 0111 0100 0040 0110T 440 | 1 | 1.3 STREET ADDRESS | | |
| | CORAL GABLES FL 33146 | ' ' | 1.4 CITY-ST-ZIP | | , |
| CITY-ST-ZIP | | | 2.1 TITLE | | Change Addition |
| TITLE | President | | | | |
| NAME | MARIO HERNANDEZ - | rume Ro | 2.2 NAME | | i |
| STREET ADDRESS | 1402 SW 74 AVE | 5 | 2.3 STREET ADDRESS | - ~ - | |
| CITY-ST-ZIP | Mismi, 42 33 | '/' | 2. 4 CITY-ST-ZIP | | Change Addition |
| TITLE | | - | 3.1 TITLE | | |
| 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 | | I. | 4.4 CITY-ST-ZIP | | |
| TITLE | | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | İ |
| STREET ADDRESS | | l l | 5.3 STREET ADDRESS | | |
| | | | 5.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | 6.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | | 5.2 NAME | | |
| NAME | | | V.4. 10-UFIE (| | |
| | i | | A OTOFFT ADDRESS | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | ļ |

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 argachment with an address, with all other like empowered.

SIGNATURE:

MARIO HET AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 262-0242 Daysing Phone # CR2E034.(11/98)