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

**PROFIT CORPORATION** ANNUAL REPORT

1**9**98

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-Z#P

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TÜLE

NAME STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.

Secretary\*of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000064622 (8)

H R INTERNATIONAL GROUP, INC

Principal Place of Business Mailing Address					T INDEXIOUSE SEA EASIN EADEN DONN BOTH DANIE DINN AND ENLY ON THE TIME THAT HAVE AND THE THAT HE THAT HAVE AND THE THE THAT HAVE AND THE	
9999 NW 89	AVE A	9999 NW 89 AVE				
44					DO NOT WRITE IN THIS	PDACE
MEDLEY FL 33178 MEDLEY FL 33178						SPACE
					3. Date Incorporated or Qualified	
A Driegioni	Diggs of Dupings	2a. Mailing Address			07/25/1997 4. FEI Number	140
<del></del>	<del></del>				65-0771492	Applied For
Suite, Apt	1 # 515	26 Suite, Apt. #, etc			05-0771492	Not Applicable
22	ž	27	·,		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	City & State City & State					\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the cu	
24 1	25	29	30			Yes No
Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered	Agent
VI	9 TANGLEWOOD CIRCLE ESTON FL 33327  It to the provisions of Sections 607	.0502 and 607.1508, Florida S	Statutes, the a	83 84 City	ress (P.O. Box Number is Not Acceptable)  FL  poration submits this statement for the purpose of	changing its registered
office or agent. I	registered agent, or both, in the S am familiar with, and accept the c	State of Florida Such change obligations of Section 607.050	was authorize 5, Florida Sta	ed by the corpora tutes.	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Stondure, typnid or printed name of registers	ad agent and title if applicable	(NOTE: Hagister	uper syllangia InepA be	ired when reinstaling) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1,1 T	ITLE		Change Addition
NÁME	ZAPATA, FRANCISCO		1.2 N	AME		
STREET ADDRESS	AND THE OWNER OF AUTON	.E	1.3 S	TREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33327			HTY-ST-ZIP		
TITLE	1 7	☐ DELETI	E 2.1 T	ITLE		Change Addition
NAME	1 :		2.2 h	IAME	***	
STREET ADDRESS	<b>i</b>		2.3 9	TREET ADDRESS		
CITY-ST-ZIP	The state of the s			CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	3.1 7	ITLE		☐ Change ☐ Addition
NAME	,		3.2 N	IAME		
STREET ADDRESS	s		3.3 \$	TREET ADDRESS		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 flustee 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.

3.4. CiTY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

500002577046 -07/01/98-01016-030

\*\*\*150.00

Change

Change

Addition

Addition

Addition

**FILED** 

Jun 30 1998 8:00am

Secretary of State