Applied For

Fee Required

\$5.00 May Be

Added to Fees

No: Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90132 035 ***150.00

DOCUMENT # 1. Corporation Name	P97000080741
3 HS INC	

Principal Flace of Business Mailing Address 19380 COLLINS AVENUE #1616B 19380 COLLINS AVENUE #1616B NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3.- Date Incorporated or Qualifed 09/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 10270 E. Bay Harbor Dr 10270 E Bay Harborpy <u>65-0781454</u> \$8.75 Additional 5. Certificate of Status Desired Gity & State Bay Harbor Island. City & State 6. Election Campaign Financing Bay Harbor Island Trust Fund Contribution 8. This corporation owes the current year intangible VSA Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Margareth 6 VIANNA, MARGARETH G Street Address (P.O. Box Number is Not Acceptable) 82 19380 COLLINS AVENUE #1616B NORTH MIAMI BEACH FL 33160

Zip C ofe 33754 Harbor Island ai

84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its legistered 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 recistered agent. I am familiar with, and a scept the obligations of, Section 607.0505, Florida Statutes. augulla SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition TITLE □ DELETE 1.1 TITLE VIANNA, MARGARETH G 1.2 NAME NAME 10270 & Bay Harbor Dr # 4 & Bay Harbor Island, FL 33154 19380 COLLINS AVENUE #1616B 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 1.4 CITY-ST-ZIP □ D€LETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition □ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZiP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

SIGNATURE:

04-26-99 (305)866-9662

(11/98) CR2E034