## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED FILED FISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 99 OCT -1 PM 1:11 **POCUMENT #** P97000086641 (2) HALEFO, CORP. Principa! Place of Business Mailing Address 2691 S.W. 140 AVE. 2691 S.W. 140 AVE. CONDENSE NO LE MIAMI FL 33175 MIAMI FL 33175 3. Date Incorporated or Qualified 10/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 10311 SW 561 TreeT 10311 SW 56 Street 65-07948 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing FLOUDA 23 FLONIDA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARMONA, RAUL CAMMONA 2691 S.W. 140 AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33175** 83 84 City Zip Code 33161 MISMI ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the pr office or register agent. I am fam SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE TITLE CARMONA, GILMA 12 NAME NAME CR2E034 2691 S.W. 140 AVE. 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33175 1.4 CITY - ST- ZIP CHY-ST-ZIP DELETE 2.1 TITLE Addition TITLE ٧Š Compan Pour NAME CARMONA, RAUL 2.2 NAME 2691 S.W. 140 AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33175 CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 200003006562--3.3 STREET ADDRESS STHEET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST ZIP \*\*\*\*\*908.75 +\*\*\*908.75 DELETE Tritt 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STHELL ADDRESS CHY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TillE K 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - ZIP DELETE 11514 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 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 find all 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 occupied 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 attention of the occupied occupied of the occupied occupied of the occupied occupie

SIGNATURE:

## CAST MANAGEMENT ENTERPRISES, INC.

Business Consultants

**SEPTEMBER 29,1999** 

DIVISION OF CORPORATIONS- REINSTATEMENTS 409 EAST GAINES TALLAHASSEE, FLORIDA 32399

RE: HALEFO CORP. 65-0794824

AS PER TELEPHONE CONVERSATION OF TODAY, ENCLOSED PLEASE FIND CHECK FOR \$ 908.75 TO REINSTATE SAME.

WE ALSO NEED A CERTIFICATE OF GOOD STANDING, IF POSSIBLE PLEASE SEND IT TO US OVERNIGHT AND CHARGE US FOR ANY EXPENSE.

THANK YOU

GILMA CARMONA / PRESIDENT

CC: FILE