

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

DOCUMENT # P97000097099

1. Corporation Name

H.I. ENTERPRISES & SERVICES, INC.

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI BEACH FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI BEACH FL 33145

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc

22 SUITE # 200

City & State

23 MIAMI FLORIDA

Zip Country

24 33145 25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc

27 SUITE # 200

City & State

28 MIAMI FLORIDA

Zip Country

29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named Corporation, subject to the Statute, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is authorized by the Corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer, if different.

AMADA CANTERA LOPEZ, PRES

(Print Name of Registered Agent and Filer, if different)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BEHMOIRAS, ALAN
7501 CENTER BAY DRIVE
MIAMI BEACH FL 33141

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

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CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 [] Change [] Add

12 NAME [] Change [] Add

13 STREET ADDRESS [] Change [] Add

14 CITY-ST-ZIP [] Change [] Add

15 TITLE [] Change [] Add

16 NAME [] Change [] Add

17 STREET ADDRESS [] Change [] Add

18 CITY-ST-ZIP [] Change [] Add

19 TITLE [] Change [] Add

20 NAME [] Change [] Add

21 STREET ADDRESS [] Change [] Add

22 CITY-ST-ZIP [] Change [] Add

23 TITLE [] Change [] Add

24 NAME [] Change [] Add

25 STREET ADDRESS [] Change [] Add

26 CITY-ST-ZIP [] Change [] Add

27 TITLE [] Change [] Add

28 NAME [] Change [] Add

29 STREET ADDRESS [] Change [] Add

30 CITY-ST-ZIP [] Change [] Add

31 TITLE [] Change [] Add

32 NAME [] Change [] Add

33 STREET ADDRESS [] Change [] Add

34 CITY-ST-ZIP [] Change [] Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(a) 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 67, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/31/99

APPROVED
AND
FILED

99 APR 30 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FID Number

65-0792783

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Corporation for filing
Trust Fund Contributions

\$5.00 May be
Added to Fees

8. Has corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

0017784

CR2E034 (1-1-98)