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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098652 (5)

HMM/EDGAL COMMUNICATIONS OF TAMBA INC

**FILED** Apr 24 1998 8:00am Secretary of State

### A WHILESOROUGH AVE TAMPA FL 33614  ### AVEN HILESOROUGH AVE TAMPA FL 33616	ONIVE	IDAL COMMONIONIONS OF	F INVIENTINO			
TAMPA FL 38614  TAMPA FL 38614  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 11/19/19/1987  2. Principal Place of Business 3. Date Incorporated or Qualified 11/19/1987  Suito, Appl. #, ofc 3. Date Incorporated or Qualified 11/19/1987  Suito, Appl. #, ofc 3. Date Incorporated or Qualified 11/19/1987  Suito, Appl. #, ofc 3. Date Incorporated or Qualified 11/19/1987  Suito, Appl. #, ofc 3. Date Incorporated or Status Desired   Applied For FS 9- 34 79 0 33   Not Applicable Fiee Required 22   20   21   22   Country   74   Country   8. Election Campaign Financing   \$5.00 May Be Added to Fees 24   22   29   30   Personal Property Tax duo June 30   Yes   \$5.00 May Be Added to Fees 24   29   25   29   30   Personal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal Property Tax duo June 30   Yes   \$5.00 May Be Principal	Principal Plac	ce of Business	Mailing Address	,,		
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suito, Apt. #, otc.				1 AVE		
11/19/1997   2						
22. Mailling Address   24. Mailling Address   25. Mailling Address   27. State   28. State   27. State   28. State   27. State   28. State   29. State					The state of the s	
Suito, Apt. #, otc   Suito, Ap	a Garage	20-21		P+1		
Suito, Apt #, etc   Slate   Slate   Slate   Slate   Slate   Special   See   Se	2. Principal I	Place of Business	·7			
City & State	Suite, Apt	#, etc	Suite, Apt. #, etc.		S Cortificate of Status Decired Status Recired Stat	
2p Country 7th Country 8th Country 7th Country 8th Cou			<del></del>			
24) Country 24	<b></b>		1			
Personal Property Tax due June 30.    Ves   No  9, Name and Address of Current Registered Agent		Country		Country		
ORTEGA, YOSVANY 4429 W HILLSBOROUGH AVE TAMPA FL 33614  82 Street Address (P.O. Box Number is Not Acceptable)  83		F¬ '	h	<u> </u>		
Addition  TAMPA FL 33814  B2  Street Address (P.O. Box Number is Not Acceptable)  B3  B4	==.			1301		
### A City	<b>∩</b> E	TEGA YOSVANY		81 Name		
TAMPA FL 33814    B3				62 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 05:02 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registered agent arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature	TA	MPA FL 33814			, , , , , , , , , , , , , , , , , , , ,	
11. Pursuant to the provisions of Sections 607 0:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registered agent are attained with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature hybrid or profiled trained imperienced agent and latter application.   (NOTE Registered Agent agreetive required when reinstating).   DATE						
Agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statuties.    Signature   Signat				84 City	FL 85 Zip Code	
Signature by lettled is priented registered agent and lift of application. (NOTE Registered Agent segnature required when reministring)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  D ORTEGA, YOSVANY  1.2 NAME  STREET ADDRESS  429 W HILLSBOROUGH AVE  1.3 STREET ADDRESS  CITY-ST-2IP  TOTLE  D ORTEGA, WILLOW  1.4 CITY-ST-2IP  TOTLE  D ORTEGA, WILLOW  1.5 STREET ADDRESS  CITY-ST-2IP  TOTLE  D ORTEGA, WILLOW  1.5 STREET ADDRESS  CITY-ST-2IP  TITLE  D ORTEGA, YOSVANY  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-2IP  TAMPA FL 33614  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-2IP  TITLE  D DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  AMME  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-2IP  TITLE  Change Addition  Addition  Addition  Change Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2IP  TITLE  Change Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2IP  TITLE  Change Addition  Addition  Addition  Addition  Addition  AMME  STREET ADDRESS	11. Pursuant office or agent. I a	to the provisions of Sections 607 050, registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above-named or authorized by the corpo- lorida Statules.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
TITLE	SIGNATURE	Signature hybrid or printed name of registered age	m and title # applicable (NC	TE Registered Agent signature red	quired when reinstating) DATE	
NAME   ORTEGA, YOSVANY   1.2 NAME   1.3 STREET ADDRESS   4429 W HILLSBOROUGH AVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   TAMPA FL 33614   1.4 CITY-ST-ZIP	12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	TITLE	D	☐ DELETE	1.1 TITLE	Change Addition	
TITLE   D	NAME	ORTEGA, YOSVANY		1.2 NAME		
TITLE   D	STREET ADDRESS			1.3 STREET ADDRESS		
NAME   GUILLEN, MILTON   22 NAME   23 STREET ADDRESS   CITY-ST-ZIP   TAMPA FL 33614   24 CITY-ST-ZIP   Change   Addition   A 2 NAME   A 2 NAME   A 2 NAME   A 3 STREET ADDRESS   A 4 STREET ADDR						
STREET ADDRESS   4429 W HILLSBOROUGH AVE   23 STREET ADDRESS   24 CITY-ST-ZIP			☐ DELETE	<b>■</b>	☐ Change ☐ Addition	
CITY-ST-ZIP         TAMPA FL 33614         2 4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         34 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         DELETE         4.1 TITLE         Change         Addition           NAME         4 2 NAME         4 2 NAME         STREET ADDRESS         43 STREET ADDRESS	-					
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME				2 3 STREET ADDRESS		
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		TAMPA FL 33614	L priett	_		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   Change   Addition   Add			☐ DETE IF		LJ Change LJ Addition	
CITY-S1-ZIP         34 CITY-S1-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4 2 NAME           STREET ADDRESS         43 STREET ADDRESS         43 STREET ADDRESS						
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS						
NAME  \$1 2 NAME  \$1 2 NAME  4 3 STREET ADDRESS  4 3 STREET ADDRESS			DELETE		Channa Addition	
STREET ADDRESS 4.3 STREET ADDRESS					Change C Addition	
<b>■</b> *** *****						
CITY, CT. 7IP   I in T	CITY-ST-ZIP			4.3 STREET ADDRESS		
### ##################################		<del> </del>	DELETE		Channe Addition	
NAME 52 NAME						
STREET ADDRESS 53 STREET ADDRESS						
CITY-ST-ZIP 54 CITY-ST-ZIP						
TITLE DELETE 61 TITLE Change Addition			DETELE	· · · · · · · · · · · · · · · · · · ·	Change	
NAME 62 NAME						
STREET ADDRESS 63 STREET ADDRESS						
CITY-SI-ZIP 64 CITY-SI-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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

YOSVANY OVIEGO

T(813) 806-0053