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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000100673 (7) DOCUMENT #

H AND O ENTERPRISES CORP

FILED Jun 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				(1881/1881 til 1881/1 1881 detti gerit gebit enter gerit gerit enter etiti fende sitt fan		
6781 W 11 COURT 6781 W 11 COURT						
HIALEAH FL 33012		HIALEAH FL 33012		DO NOT WRITE IN THIS SPACE		
						I THIS STACE
					3. Date Incorporated or Qualified	
9 Drinning!	Place of Business	2a, Mailing Address			11/26/1997 4. FEI Number	Applied For
2. Principal Place of Business 21		h. 1	· 1		65-0796331	L Not Applicable
Suite, Apt. #, etc.		26 Suite. Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		<u>-</u> ¬ '	27		5. Certificate of Status Desired 1	Fee Required
City & State		City & State			8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Cu	irrent Registered Agent		Name	10. Name and Address of New Region	itered Agent
SAMRA, HAROUT			81	Name		
6781 W 11 COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	IIALEAH FL 33012		83			
•			03			
			B4	City		FL 85 Zip Code
dd Distance	to the president of Continue 602	OCO2 and CO7 1509 Florida State	utas the abov	a-named corr	poration submits this statement for the pur	nose of changing its registered
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 registered 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 registered						
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE Signature: Typind or printed name of registered agent and the it applicable. (MOTE: Registered Agent signature required when reinstating). DATE						
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	SAMRA, HAROUT	1.2 N				
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012			ST-ZIP		Change Landaine
TITLE	0	DELETE 21TI				Change Addition
NAME	we derive it is not a		2.2 NAME			
STREET ADDRESS				ADORESS		
CITY-ST-ZIP			2. 4 CITY- 3.1 TILLE	ST-ZIP		Change Addition
TITLE	D AZCUY, OSCAR	E ottett	3.2 NAME			
NAME DEDUCES ADDRESS	ATAL SELECTION			I ADDRESS		
STREET ADDRESS	HIALEAH FL 33012			S1-ZIP		
CITY-ST-ZIP	THALENIT I COULE	DELETE 411		O(*2II		Change Addition
NAME			4. 2 NAME			
i	2			ADDRESS		
STREET ADDRESS			4.3 STILL			
CITY-ST-ZIP TITLE			51 1/1LE			☐ Change ☐ Addition
NAME		_	5.2 NAME		200002565533 -06/19/3301110051	J 53 9
STREET ADDRESS	,			I ADDRESS		051
CITY-ST-ZIP		1		ST-7IP	***150,10	
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	s		6 3 S1RFE	I ADDRESS		(20)
CITY-ST-7IP			6.4 CITY-			√ 110 −

14. Thereby certify that the information supplied with this filing does not qualify on 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.

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