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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000102273 (4)

HIALEAH TRUST INVESTMENT CORP.

## **FILED** Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 (88)(83) (15 (51)) 100 ( 50)( 50)( 50)( 50)( 50)( 50)( 50)(	
2281 WEST 53RD STREET #2 2261 WEST 53RD STREET #2				2		
HALEAH FL 33016		HIALEAH F	HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/04/1997
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26	26			05-0798750 Not Applicable
Suite, Apt. 4	f, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State	)	City & S	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	1	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.  Yes No
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
l VEC	ga, camelia			61	Name	N <del>0</del>
226	2261 WEST 53RD STREET #2				Street	et Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33016						
				83		
				84	City	85 Zip Code
						<b>FL</b> [17]
11. Pursuant t	to the provisions of Sections 607	7.0502 and 607.1508.	Florida Statutes, 1	he above	a-namec	ed corporation submits this statement for the purpose 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, typed or printed numin of registered agent und title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE		Change Addition
NAME	vega, camelia			1.2 NAME		
STREET ADDRESS	2261 WEST 53RD STREE	ET #2		1.3 STREET	ADDRESS	ss
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CITY-5	T-ZIP	
TITLE			DELETE	2.1 TITLE		Change Addition
NAME I				2.2 NAME		
STREET ADDRESS				2.3 STREET	ADDRESS	ss
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	ss
CITY-ST-ZIP				3.4. CITY-		
TITLE			DELETE	4.1 TITLE	<u></u>	Change Addition
NAME		·		4. 2 NAME		
STREET ADDRESS					ADDRESS	ss I
CITY-ST-ZIP				4.4 City-5		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME		'		5.2 NAME		
STREET ADDRESS					T ADDRESS	22
				5.4 CITY-		
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	oi-Eir	Change Addition
1		l	LJ DECETE	6.2 NAME		
NAME					r annocco	ec
STREET ADDRESS					T ADDRESS	20
CITY-ST-ZIP				6.4 CITY-	ST-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 Informatio 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 enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only attachment with an address.