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 # P97000102273 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

HIALEAH TRUST INVESTMENT CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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2261 WEST 53RD STREET #2 HIALEAH FL 33016

2. Principal Place of Business

VEGA, CAMELIA

HIALEAH FL 33016

2261 WEST 53RD STREET #2

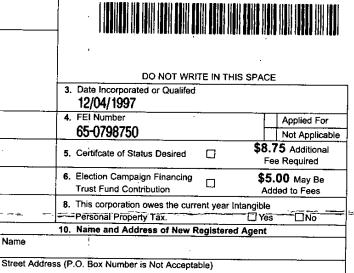
Suite, Apt. #, etc.

City & State

2261 WEST 53RD STREET #2 HIALEAH FL 33016

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90020 039 ***150.00



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.

Country

81

83 84 City

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SIGNATURE					
12.		Registered Agent signature re		DATE	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PD DELETE	1.1 TITLE		☐ Change	Addition
NAME	VEGA, CAMELIA	1.2 NAME			-
STREET ADDRESS		1.3 STREET ADDRESS			
C/TY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME	•	-	
STREET ADDRESS		2.3 STREET ADDRESS			
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			
CITY-ST-ZIP		3.4. CITY- ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
IAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1		- 1
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
TREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	•		-
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
IAME		6.2 NAME	•		
TREET ADDRESS		6.3 STREET ADDRESS			,
'ITY-ST-ZIP		6.4 CITY-ST-ZIP			
14 Ihereby co	ertify that the information supplied with this filing does not asset to				

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 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 ampowered 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Zip Code