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 # P97000105725

1. Corporation Name

HAPPY NEW HOME REALTY, INC.

Principal Place of Business Mailing Address							\$ 18811881 118 18111 (8811 88111 1) 00:0: 8:::: :03:0 ::	1001 0111 1001
3310 SW 87TH MIAMI FL 33165		3310 SW 87TH AVE.	3310 SW 87TH AVE. MIAMI FL 33165							
MIAMI FL 33103							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualifed	1		
4							12/16/199 <u>7</u>			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number			lied For
21 26							59-3485320			Applicable _
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75 Ac	
22 27									Fee Req	
							6. Election Campaign Financing		\$5.00 N	
23		28	0				Trust Fund Contribution		Added to	rees
Zip	Country	Zip		ıntry		Ī	8. This corporation owes the cu	rrent year li		□No
24	25	29	30	Т			Personal Property Tax. 10. Name and Address of New	Ponistoro		
	9. Name and Address of Currer	nt Registered Agent		81	Name		10. Name and Address of New	vediareier	Agent	
CUENCA, LUPE C				"	Marile					
4712 SW 143 AVE				82 Street Add			s (P.O. Box Number is Not Accep	table)		
47 12 SW 143 AVE MIAMI FL 33175				-					••••	
MIM	MI LE 20112			83						
				84 City				F	L 85 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the a	bove	e-named	corpora	ation submits this statement for th	e purpose o	f changing its r	egistered
office or re	egistered agent, or both, in the State m familiar with, and agraph the obliga	of Florida, Such change was a	uthorize	d bv	the corpo	oration'	s board of directors. I hereby according	ept the app	intment as regi	stered
		ĭ	niua otai	ules	•			116	199	1
SIGNATURE	Signature, typed or printed name of registered age		: Registere	d Agen	t signature re	equired w	hen reinstating)	DATE	199	
12.	77			13.		•	ADDITIONS/CHANGES TO O		ND DIRECTOR	RS IN 12
TITLE	PTD	☐ DELETE 1.1 TI		1.1 TITLE					Change	☐ Addition
NAME	CUENCA, LUPE C		1.2 N	AME					-	
STREET ADDRESS	4712 SW 143 AVE		1.3 S	TREET	ADDRESS	3.3	1105W 87AVE	,		
CITY-ST-ZIP	MIAMI FL 33175		1.4 0	ITY-SI	Y-ST-ZIP		1105W 87AVE 1AMI FI. 3316	سی		
TITLE		☐ DELETE	2.1 T		· 		// /		☐ Change	Addition
NAME.			2.2 N	IAME	ļ	l				ļ
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TITLE				3.1 TITLE			- many	~ ~~	Change	Addition
NAME			3.2 N	AME			es.			
STREET ADDRESS					ADDRESS					
				HTY-S						
CITY-ST-ZIP TITLE		☐ DELETE	4,17	_	1-21				☐ Change	Addition
		_		NAME						
NAME					ADDRESS					
STREET ADDRESS									•	
CITY-ST-ZIP		☐ DELETE	4.4 C	ITY-S ITLE	:- ZIP				☐ Change	Addition
			5.2 N						_ "	
NAME					ADDRESS					
STREET ADDRESS				HTY-S						
CITY-ST-ZIP		□ DELÉTE	6.1 T		,,				Change	Addition

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

SIGNATURE:

NAME

STREET ADDRESS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90101 003 ***150.00

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