

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90048 015 ***150.00

DOCUMENT # P98000003284

1. Corporation Name
H. O. GROUP, INC.

Principal Place of Business

8105 W. 20TH ST. ==
HIALEAH FL 33014 ==

Mailing Address

== 8105 W. 20TH ST. ==
== HIALEAH FL 33014 ==



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

65-0819839

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 9316 Collins Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 9316 Collins Avenue
Suite, Apt. #, etc.

City & State

23 Surfside FL 33154

City & State

28 Surfside FL 33154

Zip

24 33154

Country

25 USA

Zip

29 33154

Country

30 USA

9. Name and Address of Current Registered Agent

= ORTIZ, HECTOR JR. Note- No person change.
= 8105 W. 20TH ST. the name is wrong
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

Hector M Ortiz

82 Street Address (P.O. Box Number is Not Acceptable)

9316 Collins Avenue

83

84 City

Surfside

85

Zip Code

FL

33154

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

Hector M Ortiz, President

3-17-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME ORTIZ, HECTOR JR. ==
STREET ADDRESS 8105 W. 20TH ST.
CITY-ST-ZIP HIALEAH FL 33014

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Ortiz, Hector M.

9316 Collins Avenue

Surfside FL 33154

Change ☒ Addition ☐

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☐ Addition ☐

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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.

SIGNATURE:

Hector M Ortiz

Hector M Ortiz

3-17-99

305-819-4060

Date

John Nufer, acctnt

0131007

CR2E034 (11/98)