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 Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90059 006 ***150.00

7. Corporation					· ·			
HI&C FI	nancial consulting, in	U.						
Principal Place	e of Business	Mailing Address			C (MACINAL) WE (MICH (MICH COUN ACT) (C COUNT)	8 ECTO 16 BB1 (2186 1)	141 0 (811) (881 1881	
1985 NW 88 CT., STE, 101 1985 NW 88 CT., STE, 101			1					
MIAMI FL 3317	2	MIAMI FL 33172			DO NOT WRITE IN	TUIC CDACE		
	المناف المستحدين الهيدات	-			3." Date Incorporated or Qualifed	ITIIS SPACE		7 -
					03/26/1998			
2. Principal Place of Business		2a. Mailing Address			4 EEI Number		Applied For	1
n		26		65-060184		Not Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.7	Additional	1	
22		27		5. Certificate of Status Desired	Fee	Required	1	
City & State		City & State			6. Election Campaign Financing		0 May Be	1
23		28			Trust Fund Contribution		d to Fees	4
Zip —	Country	Zip		ıntry	8. This corporation owes the current year		Na.	1
24	25	29	30		Personal Property Tax. 10 Name and Address of New Register	∐ Yes	No	-
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registe	neu Agent		1
TRUI	EBA, CARLOS M							_
1985 NW 88 CT., STE. 101				82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	Al FL 33172			83				1
								4
				84 City		FL 85 Z	p Code	1
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a	authorize	d by the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing ppointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agei	of and title if applicable (NOT)	E: Registere	Agent signature required	d when reinstating) DAT	E].
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	1 9
TITLE	DP	☐ DELETE	1.1 T	TLE		Chang] :
NAME	TRUEBA, CARLOS M		1.2 N	AME				1
STREET ADDRESS	1985 NW 88 CT., STE. 101		1.3 \$	TREET ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33172	./	1.4 C	ITY-ST-ZIP] ;
TITLE	DV	DELETE	2.1 T	TLE		Chang	e Addition	'
NAME	FUMERO, MARIO H	<i>r</i> \	2.2 N	AME				
STREET ADDRESS	1985 NW 88 CT., STE. 101		2.3 S	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		2.40	ITY-ST-ZIP			 	
TITLE	DS	☐ DELETE	3.1 T	TLE .		Chang	je 🔲 Addition	
NAME	RODRIGUEZ, MARIANO J		3.2 N	AME				
STREET ADDRESS	1985 NW 88 CT., STE. 101		3.3 S	TREET ADDRESS				ì
CITY-ST-ZIP	MIAMI FL 33172			iTY-ST-ZIP				4
TITLE		☐ DELETE	4.1 T	-		Chang	je ∏ Addition	
NAME				IAME				
STREET ADDRESS				TREET ADORESS				
CITY-ST-ZIP	<u> </u>	Chociere	_	TY-ST-ZIP		☐ Chang	e Addition	1
TITLE		☐ DELETE	5.1 Ti 5.2 N	I		. Chang	ie (1) waaragn	1
NAME				TREET ADDRESS				
STREET ADDRESS				TY-ST-ZIP				1
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T			Chang	e Addition	1
		F1 DECE15	6.2 N	I .			- []1100110[1	1
NAME OTDEET ADDRESS				TREET ADDRESS				Į
STREET ADDRESS			6.4.6	TV OT ZID				

14. 1 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 suppliemental 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: