Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90162 016 ***150.00

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 # P98000033920

1. Corporation Name

HAPPY EXPORT INC

TRAIT EXI ONLY INO											
Principal Place of Business Mailing Address							i lästläät 110 tatet lätti sautt antit entit entit entit	1 88 1118 1	Balla lamat Amel	1001	
574 E. 63 STREET 574 E. 63 STREET HIALEAH FL 33013 HIALEAH FL 33013											
THALLAIT I GOOT							DO NOT WRITE IN THIS SPACE				
,							3. Date Incorporated or Qualifed 04/14/1998				
2. Principal Place of Business 2a. Mailing Address						•	4. FEI Number		Applied Fo	r	
21		26					65-0827224		Not Applic	able	
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #, etc.	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing	\$5.0	00 May Be		
23	,	_ Z8]	· · · · · · · · · · · · · · · · · · ·	سر «منيومسينت»		-25 1 AV	Trust Fund Contribution		ed to Fees		
Zip				Country							
24	25 29 30			<u>. </u>			Personal Property Tax.				
	9. Name and Address of Current			<u> </u>			10, Name and Address of New Registered A	gent			
_		•	<u> </u>	81	N	ame	·				
FERN	NANDEZ, CARMEN I			82	L		(D.O. D. M. has is Not Assessable)			 ∤	
574 E. 63 STREET					St	treet Addres	ss (P.O. Box Number is Not Acceptable)			}	
HIALEAH FL 33013					\vdash						
							<u> </u>	T1-5			
·					Ci	ity	FL	85 Z	ip Code	ł	
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 name of registered agent and title if applicable. (NOTE: Registered					nt sign	nature required v			TOO !!!	 §	
12.	OFFICERS ANI	DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND			ddition 3	
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NAME	FERNANDEZ, CARMEN I			1.2 NAME							
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[NAME				5.2 NAME		Į.					

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 one an attachment with an address with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ Addition

☐ Change