## 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 # P98000042452

1. Corporation Name

**HUNT & LARMANN CORPORATION** 

Principal Place of Business		Mailing Address
7220 NW 36 STREET STE 641 606 MIAMI FL 33166	$\mathcal{L}_{V}$	7220 NW 36 STREET STE 641 (

**FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90179 004 \*\*\*150.00



Principal Place of Business	Mailing Address	^					
7220 NW 36 STREET STE 641	7220 NW 36 STREET	STE 641 6	06 AT .				
MIAMI FL 33166	MIAMI FL 33166		- 10	DO NOT WRITE IN TH	IS SPACE		
			~	- 3. Date Incorporated or Qualifed	O OF MOL		
				05/07/1998			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21	26			65-083-9742	No	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc	3.		S. Carlifornia of Chatra Davisori	\$8.75 A	dditional	
22	27			5. Certificate of Status Desired	Fee Re	quired	
City & State	City & State			6. Election Campaign Financing	\$5.00	Мау Ве	
23	28	<u> </u>		Trust Fund Contribution	Added to	o Fees	
<del></del>	· -	Zip Country		8. This corporation owes the current year I		]	
24 25	29	30		Personal Property Tax.		□No	
9. Name and A	ddress of Current Registered Agent		81 Name	10. Name and Address of New Registere	a Agent	<del></del>	
LARATELLI, ENRIQUE	F		oi Name				
7220 NW 36 STREET	STE,641 606 61.	[	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166	9	}	83				
			84 City	F	85 Zip C	Code ,	
44 Dursuant to the provisions of	Sections 607 0502 and 607 1508 Florida	Statutes the ah	ove-named corr	poration submits this statement for the ourpose	of changing its	registered	
office or registered agent, or	both, in the State of Florida. Such change a accept the obligations of, Section 607.050	was authorized	by the corporati	ion's board of directors. I hereby accept the app	ointment as reg	gistered	
SIGNATURE Signature, typed or printed	name of registered agent and title if applicable.	(NOTE: Registered A	Agent signature require	ed when reinstating) DATE		\	
12.	OFFICERS AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE PD	☐ DELE	TE 1.1 TITL	E		☐ Change	☐ Addition	
LADATE II	i, ENPIQUE E	1.2 NAJ	ME				
STREET ADDRESS 7220 NW	136 STREET SUITE 60	6 1.3 STF	REET ADDRESS	•		}	
CITY-ST-ZIP MIDM F	L 33166	1.4 CIT	Y-ST-ZIP		·		
TITLE	DELE	TE 2.1 ΠΠ	.E		☐ Change	Addition [	
NAME -		2.2 NAJ	AE			[	
STREET ADDRESS		2.3 STF	REET ADDRESS				
CITY-ST-ZIP			Y-ST-ZIP				
TITLE .	☐ DELE				☐ Change	Addition	
NAME		3.2 NA	- 1			. (	
STREET ADDRESS			REET ADDRESS				
CITY-ST-ZIP	DELE		Y-ST-ZIP		☐ Change	Addition	
TITLE .	☐ DELE		4				
NAME		4. 2 NA		•		}	
STREET ADDRESS			EET ADDRESS			)	
CITY-ST-ZIP TITLE	☐ DELE		Y-ST-ZIP E		Change	Addition	
NAME		5.2 NAM	ľ		<del>-</del>	_	
STREET ADDRESS		5.3 STF	REET ADDRESS	•		\	
CITY-ST-ZIP,			Y-ST-ZIP			ļ	
TITLE	DELE				Change	Addition	
NAME		62 NA)	AE				
STREET ADDRESS		6.3 STF	REET ADDRESS			ļ	
STALL POSITION			V ST ZID	•		ĺ	

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.