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 Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90045 040 ***150.00

DOCUMENT # P98000045201

HOSPITALITY HELPERS, INC.

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Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	- I (40)(40) (50 (6) (6) (6) (6) (6) (6) (6) (6) (6)	ties Binnt B sic a sinii c	00101 (101 158)
3060 VIRGINIA ST. UNIT 4 3060 VIRGINIA ST. UNIT 4 COCONUT GROVE FL 33133 COCONUT GROVE FL 3313			1				
GOODING! GROVE TE SOISS					DO NOT WRITE IN TH	1IS SPACE	
					3. Date Incorporated or Qualifed		
					05/19/1998		
Principal Place of Business 2a. Mailing Address				0 1	4. FEI Number	Ap	plied For
21 407 LINEON (d. 26 40)				<u>n Rd.</u>	65-0836833		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State City & State City & State			each PC.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	28 M. AM 136	Country	,	This corporation owes the current year		0 1 663
24 233	· ·	29 33(3° 3)	¬ '	'	Personal Property Tax.		□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register		
	2. Italia dila madioso di ostioni		81	Name			
BLUM SAMUEL SPENCER				L			
2666 TIGERTAIL AVE, STE 106				Street Add	dress (P.O. Box Number is Not Acceptable)		1
COCONUT GROVE FL 33133			83			•.	
			84	City	11491-	85 Zip C	code
			04	City	F		,
SIGNATURE	n familiar with, and accept the obligation of the state o				ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ratner, Kenneth		1.2 NAME				
STREET ADDRESS	3060 VIRGINIA ST, UNIT 4		1.3 STREE	TADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		•	3.2 NAME			•	
STREET ADDRESS			3.3 STREE	T ADORESS		-	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	, and p		
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				}
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T- ZIP		☐ Change	Addition
ппе		☐ DELETE	5.1 TITLE		وسي ياب	Change	
NAME			5.2 NAME	TADDOCCE		•	}
STREET ADDRESS				T ADDRESS			-
CITY-ST-ZIP	····	☐ DELETE	5.4 CITY-S 6.1 TITLE	1-417		Change	Addition
TITLE		☐ DETE IE	6.2 NAME			□ Silaligo	
NAME			1	TADDRESS	•		
STREET ADDRESS			0.5 5 INCE	i ALDINGOO			,

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.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(-25-99

Daytime Phone #

R2E034 (11/98)