FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90068 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1000	<u> </u>					 			
DOCUMEN	T# P98000 0	049736							
i. Corporazion numo	HOE SERVICES INC.								
HIVEHU BACKE	TOE SENVICES INC.					C PERCONAL UNE PROPE PREIN ROUGH FACU	TERRI BERN BELLU	a l uutuu	E REFERENCE EN LE COLOR
Principal Place of Busin	ness	Mailing Address				(Militaria (Acido (Acido) meste metre	80(1) 80(1) 91910	I GIAI VEGE	, inc 2177 1224
3361 S.W. 25TH STREET		3361 S.W. 25TH STREET							
MIAMI FL 33133		MIAMI FL 33133				- DO NOT WRIT	IN THIS SP	ACE	
						3. Date Incorporated or Qualifed			
		1.0				06/03/1998 4. FEI Number		T Ar	plied For
2. Principal Place of Bi	usiness	2a. Mailing Address				105-0838791		-	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		—		5. Certificate of Status Desired		•,	Additional
2		27				5. Certificate of Status Desired	<u> </u>	Fee Re	
City & State		City & State				6. Election Campaign Financing			May Be to Fees
3	Caustinia	28 Zip	Cour	ntry-		Trust Fund Contribution 8. This corporation owes the curre	nt veer integr		
Zip	Country	29	30	,,,,		Personal Property Tax.		Yes	X\$No
	me and Address of Current	 		_		10. Name and Address of New R	gistered Age	ent	
				81	Name				
RIVERO, ELE			1	82	Street A	dress (P.O. Box Number is Not Acceptal	le) ,		
3361 S.W. 2 MIAMI FL 33				83	-				
MIAMI IL SS	1133		ļ	_					
			ł	84	City		FL !	85 Zip 1	Code
SIGNATURE	yped or printed name of registered agent					orporation submits this statement for the pation's board of directors. I hereby accept when when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	Addition
TILE		☐ DELETE	1,1 111		17	=10.na Rivero	_) Curanda	E LOGIO
AME			1.2 NA		ADORESS J	Elena Rivero 3361 s.w. 25 street uiami, FL 33133			
STREET ADDRESS			1.4 CIT		.7P	ulami, FL 33133			
XTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.1 111					Change	☐ Addition
IAME			2.2 NA	ME		•			
STREET ADDRESS					ADDRESS	****			
CITY-ST-ZIP		☐ DELETE	2.4CF		r-ZIP		Γ	Change	☐ Addition
MTLE !		T. DETE 15	3.2 NA				_		
NAME STREET ADORESS			1		ADDRESS				
CITY-ST-ZIP			3.4. CI		1	<u> </u>			FT 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ime		DELETE	= 4.1 ∏		·] Change.	Addition,
NAME			4.2 N			•			
STREET ADDRESS		·			ADDRESS 200				
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT		-210			Change	Addition
NAME		C,							
STREET ADDRESS			5.2 NA						
			4	ME	ADDRESS				•
CITY-ST-ZIP			5.3 STI 5.4 CIT	ME REET Y-ST		·		Channe	Adding
TITLE		☐ DELETE	5.3 STI 5.4 CIT 6.1 TIT	ME REET Y-ST LE			<u> </u>	Change	☐ Addition
CITY-ST-ZIP TITLE NAME		C) DELETE	5.3 STI 5.4 CIT 6.1 TIT 6.2 NA	ME REET IY-ST LE ME			C) Change	☐ Addition

14. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cartify that the information indicated on this annual report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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

SI	GN	ATI	IJR	Е

Lø.	2	ربح	a	سرزم					9	
ÖNA	TURE	AND	TYPED	(OR	RINTE	NAME	OF SK	DHING	OFFICER	OR