SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054386

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90010 038 ***550.00

HAND IN	NOVATIONS, INC.		F 14	;					
	Englastation of the Co.								
Principal Plac	e of Business	Mailing Address					iki galai anki ala	'EB ISINI SUSIN EILS IN	#8
8905 SW 87TH MIAMI FL 3317	8905 SW 87TH AVE. STE MIAMI FL 33176								
						DO NOT WRITE I	N THIS SPAC)E	
					3. Date Incorporated or Qualified 06/17/1998				
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26				4. FEI Number 084382	5	Applied For Not Applicat	ble
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional Fee Required	٠. ۽ .
City & Star	te	City & State				6. Election Campaign Financing	\$	5.00 May Be	
23		28				Trust Fund Contribution	^	Added to Fees	
Zip	Country	Zip Count		intry		8. This corporation owes the current year			
24 25		29 30				Intangible Personal Property. Yes No			
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Regi	stered Agent		
∩ DB	IAY, JORGE L M.D.			81	Name	1.0			
	S SW 87TH AVE, STE 100	82			Street Addre	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33176			-				-	_
MILM	WITE 33170			83					}
				84	City		85	Zip Code	\neg
					armed corporation submits this statement for the purpose of changing its registered				_
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, section 607.0505, F	authorized Florida Stat	d by th tutes. _	he corporation	n's board of directors. I hereby accept th	e appointmen	l as registered	
	Signature, typed or printed name of registered agen OFFICERS AN		NOTE: Registe	red Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ECTORS IN 12	<u>, </u>
12.	P OFFICERS AN	DELETE			1	ADDITIONS/CHANGES TO OFFICE	$\overline{}$	hange Addit	
NAME	ORBAY, JORGE L M.D.	□ DELETE	1.2 NAME					lange, Adds	
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I hereby certify that the information supplied with this fing 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 supply nertial 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 corpopation of 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, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99(305)661-3000