

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90168 043 \*\*\*150.00

DOCUMENT # P98000054822

1. Corporation Name

HT COMMERCE & DEVELOPMENT INC.

Principal Place of Business

C/O LUIS AGRAMUNT  
80 SW 8TH STREET SUITE 2077  
MIAMI FL 33130

Mailing Address

C/O LUIS AGRAMUNT  
80 SW 8TH STREET SUITE 2077  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

65-0844086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 870 Coral Ridge Dr.

2a. Mailing Address

26 870 Coral Ridge Dr.

Suite, Apt. #, etc.

22 # 304

Suite, Apt. #, etc.

27 # 304

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

Zip

24 33071

Country

25 USA

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

AGRAMUNT, LUIS  
80 SW 8TH STREET SUITE 2077  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Luis Agramunt

82 Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Ave., #1100

83

84 City

Miami

FL

85 Zip Code

33131

11. 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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-26-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DEVESEA, JESUS  
STREET ADDRESS 80 SW 8TH STREET SUITE 2077  
CITY-ST-ZIP MIAMI FL 33130

TITLE D ☐ DELETE

NAME STANLEY, JOSEPH  
STREET ADDRESS 80 SW 8TH STREET SUITE 2077  
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Jesus Devesa  
1.3 STREET ADDRESS 870 Coral Ridge Drive, # 304  
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Joseph Stanley  
2.3 STREET ADDRESS 1221 Brickell Ave., #1100  
2.4 CITY-ST-ZIP Miami, Florida 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-26-99

305-373-5802

CR2E034 (11/98)

0184374