

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90159 028 ***158.75

DOCUMENT # P98000057579

1. Corporation Name

AMERICAN HISPANIC MULTI-SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2905 WEST REYNOLDS STREET
PLANT CITY FL 33566

Mailing Address
2905 WEST REYNOLDS STREET
PLANT CITY FL 33566

3. Date Incorporated or Qualified

06/29/1998

2. Principal Place of Business

21 2905 West Reynolds St.

2a. Mailing Address

Suite, Apt. #, etc.

22 Plant City, FL

City & State

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24 Zip 33567 Country USA

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4. FEI Number

59-3522519

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Heidi I Felix
82 Street Address (P.O. Box Number is Not Acceptable)
2905 W. Reynolds St.
83
84 City Plant City FL 85 Zip Code 33567

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME FELIX, HEIDI I
STREET ADDRESS 2905 WEST REYNOLDS STREET
CITY-ST-ZIP PLANT CITY FL 33566

TITLE VD
NAME FELIX, MARIA
STREET ADDRESS 2905 WEST REYNOLDS STREET
CITY-ST-ZIP PLANT CITY FL 33566

TITLE S
NAME FELIX, CLAUDIA
STREET ADDRESS 2905 WEST REYNOLDS STREET
CITY-ST-ZIP PLANT CITY FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

HEIDI I FELIX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99 (813) 717-7795
Date Daytime Phone #

CR2E034 (11/98)