**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katarine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

P98000061448 HML GROUP.INC Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90081 048 \*\*\*158.75

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Principal Plac	že of Business	Mailing Address								
2499 SW 8 Street 2499 SW 8 Street										
MIAMI FL 33135 MIAMI FL 33135										
MIMMI E	Е 33133	MIMIT LE 55	100		DO NOT WRITE	E IN THIS SPAC	E		٦	
					3. Date Incorporated or Qualifed		•			
2. Principal Place of Business   2a. Mailing Address					07-13-1998 4. FEI Number		Ann	olied For	}	
21 2499 SW 8 Street 26 782 NW 4			Ave		6508-306-	3 <i>0</i>		Applicable	1	
Suite, Apt		Suite, Apt. #, etc.				\$8		dditional	1	
22		638			5. Certificate of Status Desired	Ø #0	ee Red	quired		
City & Sta		City & State			6. Election Campaign Financing	□ \$:	5.00 r	Мау Ве		
MIAN	<del>`</del>	28 MIAMI	FL		Trust Fund Contribution	A	dded to	Fees	_	
Zip	Country	<u> </u>	Cour	•	· ·	8. This corporation owes the current year Intangible Personal Property Tax.				
24 3313	9. Name and Address of Current	29  33126   Registered Agent	30 U;	oA	Personal Property Tax.  10. Name and Address of New Re				-	
	3. Name and Address of Current	Negistered Agent		31 Name	10. Halle and Address of New Ite	gistered Agent			1	
07.05	a wided ti									
GLORIA BODIN R				Street	Address (P.O. Box Number is Not Acceptable	le)				
2100 PONCE DE LEON BLVD.STE 920 MIAMI. FL 33134			į.	33					1	
, MIAN	11. FL 33134		).	4 0:		<del></del>	~ ~		-	
				64 City		FL  85	Zip C	ode		
					corporation submits this statement for the pu				1	
oπice or i	registered agent, or both, in the State of im familiar with, and accept the obligation	r Florida. Such change was a ons of, Seption 607.0505, Flo	tutnorized irida Statul	by the corposes.	oration's board of directors. I hereby accept t	the appointment	as reg	sterea		
SIGNATURE	a. 1 . A 1.	and A								
<u> </u>	Signature, typed or printed name of registered agent	·	: Registered A	gent signature r	equired when reinstating)	DATE			6	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	OFFISH AND DIG	こつてつじ	≀S IN 12	I C	
TITLE /	ERICK HIRLEMANN								1 -	
NAME	L ERICK HIRLEMANN	Ž ĎELETE J	1.1 TITL			K Ch		Addition	1	
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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: 4/6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA BARLAVI

3-11-99

305-642-0505

Daytime Phone #