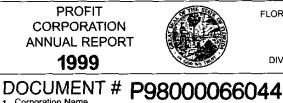
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90137 017 ***150.00

EL HIPPOPOTAMO, INC.	

Principal Place	of Business	Ma	iling Address							
•			81 S.W. 104TH STREET							
14681 S.W. 104 MIAMI FL 33186			MI FL 33186							
		*****					DO NOT WRITE	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed 07/28/1998			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			applied For
21		26					65-0860131			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						115 Desired		
22			7				5. Certificate of Status Desired		Fee F	Required
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28				Trust Fund Contribution		Added	to Fees
Zip	Country		Zìp		intry		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regist	tered Agent		L,		10. Name and Address of New Re	gistered A	gent	_,
					81	Name				
	BUENA, HADY				82	Street Add	ress (P.O. Box Number is Not Acceptate	le)		
	1 S.W. 104TH STREET					2000 700	(
MIAN	N FL 33186				83					
									n= 7:=	Codo
					84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 60	07.1508. Florida Statute	s, the a	bove	-named cor	poration submits this statement for the p	urpose of o	hanging it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florid	la. Such change was at	uthorized	יעלו ני	the corporat	ion's board of directors. I hereby accept	the appoin	tment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent		ALOTE:	Desistant	Amou	a algorithm and in	red when reinstating)	DATE		
	OFFICERS AND			13.	- Agois	L Signatura requir	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
12.	D OFFICERS AND	DINE	DELETE	1.1 Ti	D F		ADDITIONS/CHANGES TO SET	CENO AN	Change	
	BALBUENA, HADY		C Deterie	1.2 N						_
NAME	11313 S.W. 114TH CIRCLE TER	DACE								
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176		[] DELETE		ITY-\$1	I-ZIP			Change	Addition
TITLE	0		C) Derete	2.1 Ti					Unango	[_]ddi.co
NAME	COLLAZO, AURORA			2.2 N						
STREET ADDRESS	11341 S.W. 114TH CIRCLE TER	KALE		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176		·	_	ITY-S	T-ZIP			C165	
TITLE			☐ DELETE	3.1 Ti	TLE				Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS		-		
CITY-ST-ZIP			·	3.4.0	ITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TI	TLE .				Change	Addition
NAME				4.21	AME	1				
STREET ADDRESS				4.3 S	REET	ADDRESS				
CITY-ST-ZIP				4.4 C	17Y-S1	r-ZIP				
TITLE			☐ DELETE	5.1 TI	TLE				Change	Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	ITY-S1	r-ZIP				
TITLE			☐ DELETE	6.1 Ti	πE				Change	Addition
			<u></u>	6.2 N	AME					
NAME	i					ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	- 			6.4 C	ITY-ST		Section 110 07/2Vi) Elected Statutos Li	5 40	E 41 - 1 15 -	:-f

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 #