
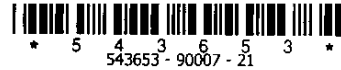


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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90072 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000066273</u>					
1. Corporation Name <u>HUMAR INC. DBA MINUTEMAN Press</u>					



Principal Place of Business <u>2375 ST. John's Bluff Rd. South #107</u> <u>JACKSONVILLE, FL 32246</u>	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>-SAME AS ABOVE</u>		2a. Mailing Address 25 <u>SAME AS ABOVE</u>		3. Date Incorporated or Qualified <u>JULY 24 1998</u>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <u>59-3524913</u>	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country <u>DUVAL</u>		30 Country		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>Humberto Hernandez</u> <u>2632 Mc Cormick Woods Dr.</u> <u>JACKSONVILLE, FL 32225</u>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Applicable)	
83				84 City	
85 State <u>FL</u>					

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 Humberto Hernandez vice President DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 <input type="checkbox"/> DELETE <u>President</u> <u>MARIZA Hernandez</u> <u>2632 MCCORMICK WOODS DR.</u> <u>JACKSONVILLE, FL 32225</u>	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	15 <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Vice President</u> <u>Humberto Hernandez</u> <u>2632 MCCORMICK WOODS DR.</u> <u>JACKSONVILLE, FL 32225</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 <input type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 <input type="checkbox"/> DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	35 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	45 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	55 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	65 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Humberto Hernandez 3/29/99 904-9970940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)