


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90048 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000071513					
1. Corporation Name HIDALGO SERVICIOS HISPANOS INC.					
Principal Place of Business 3343 PALM BEACH BLVD. UNIT A FORT MYERS FL 33916			Mailing Address 3343 PALM BEACH BLVD. UNIT A FORT MYERS FL 33916		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/11/1998					
2. Principal Place of Business 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip [] Country				4. FEI Number 65-0860205	
2a. Mailing Address 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip [] Country				Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent HIDALGO, YASKARA 702 FELIX AVE LEHIGH ACRES FL 33971				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 [] 84 City FL 85 Zip Code	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE President [] DELETE NAME Yaskara Hidalgo STREET ADDRESS 702 Felix Ave. CITY-ST-ZIP Lehigh Acres, FL 33971					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
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]* **SIGNATURE REQUIRED**

4/19/99

(941) 337-5988

CR2E034 (1/98)