

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

FILED
 May 17, 1999 8:00 am
 Secretary of State

05-17-1999 90011 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 19989



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000089573 JOK
 1. Corporation Name
 H & P SERVICES AND SALES INC.

Principal Place of Business Mailing Address
 8423 NW 68ST
 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	8423 NW 68ST	26		10-21-98		65-0887925		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		58.75 Additional Fee Required			
22		27		<input type="checkbox"/>					
23. City & State		28. City & State		6. Election Campaign Financing		55.00 May Be Added to Fees			
23		28		Trust Fund Contribution		<input type="checkbox"/>			
24. Zip		25. Country		29. Zip		30. Country		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24		25		29		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33166		DADE							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSE HERNANDEZ				81 Name			
8423 NW 68ST				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33166				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P-D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSE HERNANDEZ			1.2 NAME			
STREET ADDRESS	8423 NW 68ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166			1.4 CITY-ST-ZIP			
TITLE	V-D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIACOMO PROCOPIO			2.2 NAME			
STREET ADDRESS	8423 NW 68ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address.

SIGNATURE: _____

4-29-99

CR2E034 (10/97)