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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000091818

HIGH ENERGY OF MIAMI, INC.

Principal Place of Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90141 022 ***150.00



Timospan , soc	00 0. 202000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5040 N.W. 7TH MIAMI FL 3312	1 STREET #700 26	5040 N.W. 7TH STREET #700 MIAM! FL 33126					
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					10/28/1998		
2. Principal F	Place of Business	2a. Mailing Address		/.	4. FEI Number	Ap	plied For
21 127:	21 S.W. 42wd 57	26 12721 S.V	V. 4.	Jua 5 ₹	65-0872774	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			- Catifornia of Status Posited	\$8.75	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23 MI	AMI, FL	28 MIANI	FL		Trust Fund Contribution	Added to	•
Zip _	Country	Zip	Country	AW	8. This corporation owes the current year	Intangible	
24 33	175 [25]	29 33175 30	,]		Personal Property Tax.		No
	9. Name and Address of Current		<u>, </u>		10. Name and Address of New Register		
			81	Name	I Rosent	~ A T !	9
COF	RPORATION SERVICE COMPANY			GU	ISTAVO BENGOCH	<u>ea 37</u>	
1201 HAYS STREET			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32301-2525	,	83	1 -4 1	121 5.W. 42- 5		
., 1	0		ြိ				
	• []		84	City		85 Zip C	ode
				N_		:L <u>" #</u> 3	170
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Elevida Statutes,	the above	-named corpo	ration submits this statement for the purpose	of changing its	registered
office of l	registered agent, or boy, in the State of am familiar with, and a cept the obligation	Florida. Suon change was authons of, Section 607.0505. Florida	orized by i Statutes.	the corporation	s board of directors. I hereby accept the ap	ithouritieur as ief	jistered
C.	X 7- C		IN		GUSTAVO BENGRHEA 4/	26/99	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	gistered Agent	t signature required v			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	PS	TD	Change	Addition
NAME	BENGOCHEA, GUSTAVO JR.	J	1.2 NAME	Gu	STAVO BENGOCHEA	JR	
STREET ADDRESS	5040 ALM TTIL OTDERT #700		1.3 STREET	1	721 5.W. 424 st		
	MIAMI FL 33126		1.4 CITY-ST		TAUI, FL 3317	15	
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TITLE		JJI	Change	Addition
		S Dice is					
NAME	VAZQUEZ, ROBERT		2.2 NAME				
STREET ADDRESS	1	and the control of th	,2.3 STREET	ADDRESS	in − g = 1	, -	*
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE	1		☐ Change	Addition
NAME	1		3.2 NAME	ļ			
STREET ADDRESS	• •		3.3 STREET	ADDRESS			
CITY-ST-ZIP	1						
TITLE	1	4	3.4. CITY-S1	r-ZIP			
NAME		☐ DELETE	3.4. CITY-ST 4.1 TITLE	r-ZIP		☐ Change	Addition
·		DELETE	4,1 TITLE	T-ZIP		☐ Change	Addition
OTDEET ADDOCAG	· · ·	DELETE .	4.1 TITLE 4.2 NAME			☐ Change	Addition
STREET ADDRESS		DELETE .	4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS		☐ Change	Addition
CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS		☐ Change	Addition
CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS ZIP			
CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS ZIP			
CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS -ZIP ADDRESS	-	☐ Change	☐ Addition
CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Property of the State of the St	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME	ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	18 6 18 1 1 18 1 1 18 1 18 1 18 1 18 1	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition

Splied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to become this report as required by Chapter 607. Florida Statutes; and that my name appears in an artischment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report of