

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  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90031 013 \*\*\*150.00

DOCUMENT # P98000100769

1. Corporation Name

HOUSE OF MODELS, INC.

Principal Place of Business

1129 WEST 50TH PL  
HIALEAH FL 33012

Mailing Address

1129 WEST 50TH PL  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0877421

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2300 W 56 ST

2a. Mailing Address

26 2300 W 56 ST

Suite, Apt. #, etc.

22 Apt # 7

Suite, Apt. #, etc.

27 Apt # 7

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33016

Country

25 USA

Zip

29 33016

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, ERVEY  
1129 WEST 50TH PL  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

GONZALEZ ERVEY

82 Street Address (P.O. Box Number is Not Acceptable)

2300 W 56 ST

83 Apt # 7

84 City

MIAMI FL

FL

85 Zip Code

33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
GONZALEZ, ERVEY  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ DELETE

NAME VD  
ROA, ADOLFO A  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME VD  
SUAREZ, SILVIO  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ DELETE

NAME TD  
CABRERA, YANELYS  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME SD  
SANTANA, STEVEN  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ DELETE

NAME D  
SAADE, YAMIL  
STREET ADDRESS 1129 WEST 50TH PL  
CITY-ST-ZIP HIALEAH FL 33012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P/C/TO  
GONZALEZ ERVEY  
1.3 STREET ADDRESS 2300 W 56 ST Apt 7  
1.4 CITY-ST-ZIP MIAMI FL 33016

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D/TR  
ROA, ADOLFO A  
2.3 STREET ADDRESS 2300 W 56 ST Apt # 7  
2.4 CITY-ST-ZIP MIAMI FL 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME V/D  
SUAREZ, SILVIO  
3.3 STREET ADDRESS 2300 W 56 ST Apt # 7  
3.4 CITY-ST-ZIP MIAMI FL 33016

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME D/M/TR/T-2  
CABRERA, YANELYS  
4.3 STREET ADDRESS 2300 W 56 ST Apt # 7  
4.4 CITY-ST-ZIP MIAMI FL 33016

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME SD  
SANTANA, STEVEN  
5.3 STREET ADDRESS 1129 W 56 ST Apt # 7  
5.4 CITY-ST-ZIP MIAMI FL 33016

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

DELETE FROM  
Corporation

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  
Katherine Harris  
Date 2/10/99  
Daytime Phone # 305 699 26 73

CR2E034 (1/1/98)