Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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

DOCUMENT #	S09621
1. Corporation Name	

City & State

Country

HAMOR OF HIALEAH CORPORATION					
Principal Place of Business	Mailing Address				
1524 W. 37TH ST HIALEAH FL 33012	1524 W. 37TH ST HIALEAH FL 33012				
2. Principal Place of Business	2a. Mailing Address				

27

28

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5.\_Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/11/1990 4. FEI Number

65-0236970

## 

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

04-30-1999 90147 041 \*\*\*150.00

	Country	<del>-</del> ''				8. Trus corporatio	il owes the content year		
24	25	[29]	30			Personal Prope		Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Ad	dress of New Register	red Agent	
				81	Name	Humbowto &	2 Padma		
Orlaida, Guerra			TOURNEY TO Y .   QQIO						
1524	W. 37TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)					
HIALI	EAH FL 33012-4624			83		<del>37 00. J j</del>			
				1		Haleah	F	FL 85 30	3012
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-op-Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607	.0505, Florida S	tatutes.	ю оогро	TOTAL OF CITOSIC OF	, , , , , , , , , , , , , , , , , , , ,	1 100	j
SIGNATURE	V Leene Such Gal	کسی					4/	26/99	
Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AN			3.		ADDITIONS/CH	ANGES TO OFFICERS		
TITLE	DS .		DELETE 1.	1 TITLE		PISITID ,	0- d	☐ Change	Addition
NAME	GUERRA, ORLAIDA		13	2 NAME		Humberto P. 1	earon.		
STREET ADDRESS	1524 W. 37TH ST		1.	3 STREET A	ADDRESS	1524 W. 37h	h Street		
CITY-ST-ZIP	HIALEAH FL		1.	4 CITY+ST-	ZIP	Haleah, FL	33012		
TITLE			DELETE 2.	1 TITLE				Change	☐ Addition
NAME			2.	2 NAME					
STREET ADDRESS	•		2.	3 STREET A	ADDRESS		•		
CITY-ST-ZIP	•		2.	4 CITY-ST	-ZIP				
TITLE	· Tall Cart and Tall Cart Cart	🗀	DELETE - 3.	1 TITLE	-	مايهم بندار موه	* *	☐ Change	_ Addition
NAME			3.	2 NAME					
STREET ADDRESS			3:	STREET A	NODRESS				
CITY-ST-ZIP				4. CITY-ST	-ZIP				
TITLE			DELETE 4.	1 TITLE				☐ Change	☐ Addition
NAME			4.	2 NAME					
STREET ADDRESS	a sa		4.	STREET A	ADDRESS				
CITY-ST-ZİP	<u> </u>			CITY-ST-	ZIP				
TITLE				1 TITLE	]			Change	☐ Addition
NAME			5.	2 NAME					
STREET ADDRESS	•			STREET A					
CITY-ST-ZIP				CITY-ST-	ZIP				
TITLE			DELETE 6.	1 TITLE				☐ Change	☐ Addition
NAME	-		6.	2 NAME					
STREET ADDRESS	•		6.	STREET A	ADDRESS				
CITY-ST-ZIP			6	4 CITY-ST-	ZIP				

Country

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 agdress, with all other like empowered.