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

COI	PROFIT RPORATION UAL REPORT 1999	12T36		FILED 99 JUL -6 PH 2: 44	
DOCU 1. Corporation	MENT# 52824	1		STATETARY OF THE LANGUAGE, F	STAIL LCRIDA
H.	& H TRADING IM,	PORT & EXPER	T, INC		
Principal Plac	e of Business	Mailing Address		·	
10547 NW 57 ST				ļ ļ	
MIAMI, FL 33178			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 28, 1	Applied For
	7 NW 57 ST	26 /0547 NW Suite, Apt. #, etc.	57 ST	65-0240692	Not Applicable
Suite, Apt		F ***1		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & Stat	او سي.	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAN	Country	28 M/AM/ A	<u> </u>	Trust Fund Contribution	Added to Fees
Zip 33/7	7 8 25 215A. 9. Name and Address of Current	29 33/78	Country 30 2/5 A	8. This corporation owes the current year Interpretational Property Tax.      10. Name and Address of New Registered	<b>X</b> iYes □No
	MILDRED M. B.		81 Name		
	127 CAMERON	• •	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		•	83		<u> </u>
	WESTON, IL	33326	84 City		85 Zip Code
		·		<u>FL</u>	
office or r	egistered agent, or both, in the State of	f Florida. Such change was aut	thorized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoir	changing its registered htment as registered
-	m familiar with, and accept the obligation	ons of Section 607.0505, Florid	da Statutes.	6/30/99	1
SIGNATURE		and little if applicable (NOTE F	tegistered Agent signature require	d when reinstating: / DATE	
12.	OFFICERS AND	DIRECTORS () DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  [ ] Change
NAME	HELD SHANY HIS		1.2 NAME		
STREET ADDRESS	10547 NW 57 ST	•	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 3	3/ <i>78</i>	14 CITY-ST-ZIP		Change DAdelitics
TITLE NAME		[] DELETE	2 I TITLE 2.2 NAME	6000023329	
STREET ADDRESS			2 3 STREET ADDRESS	-87713733="U	****150.00
CITY-ST-ZIP		F) polete	2 4 CITY-51-ZIP		510
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C(TY-ST-ZIP			44 CITY-ST-ZIP		J
TITLE		[] DELETE	51TILE		[] Change [] Addition [
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY - ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		[] DELETE	61 TITLE		[] Change [] Addition
NAME			6.2 NAME 6.3 STREET ADDRESS		,
STREET ADDRESS			64 CITY-ST-ZIP		1.10
14. I hereby o			he exemption stated in S	ection 119.07(3)(i), Florida Statutes I further cert	
officer or		er or trustee empowered to ex€	cute this report as requi	shall have the same legal effect as if made unde red by Chapter 607, Florida Statutes; and that my	
SIGNAT	URE:	MANUE CANE OF SIGNING OFFICER OF	R DIRECTOR	6/30/99 305-	597-9792