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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

H.G. ENTERPRISES OF MIAMI, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T CONTRACTO ALL DEDGE STAFF BLOOK DIEN SIDES DIENS BLOKE BLOKE DEGES DEGES DEGES		
7890 SW 117 AVE STE 137 MIAMI FL 33183 US		7990 SW 117 AVE STE 137 MIAMI FL 33183 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
03		US					
2. Principal P	lace of Business	2a. Mailing Address			04/16/1991 4. FEI Number Applie	ad For	
21		26				Applied For Not Applicable	
	Suite, Apt. #, etc. Suite		e, Apt. #, etc.		¢0.75		
22		27			5. Certificate of Status Desired Fee Required		
City & Stat	City & State (City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Žip	Country	Zip Counti		У	8. This corporation owes or has paid the current year Intang		
24	25		planes and the purpose of the purpos		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registered Agent		
	RCIA, HECTOR J		ľ	Name	s		
	0 SW 117 AVE		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
	137		83		· · · · · · · · · · · · · · · · · · ·		
, MIA	MI FL 33183		Ľ	1			
, *			84	City	FL 85 Zip Cod	0	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stalute	s, the abov	re-narned	d corporation submits this statement for the purpose of changing its re-	gistered	
office or registered agent, or both, in the State of Floridal 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							
GIGITATORE	Signature, typod or printed rishte of regelered agont	and title it applicable (NO1E	Registered Ac	ent signature	re required when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	P	☐ DELETE	1.1 TITLE		L Change L	J Addition	
NAME	GARCIA, HECTOR J		1.2 NAME				
STREET ADDRESS	7990 SW 117 AVE STE 137			7 ADDRESS		Į.	
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-	ST-ZIP	SECRETARY Change	Addising	
TITLE			2.1 TITLE		>ECTET OTY	4 Addition	
NAME	HECTOR, GARCIA		2.2 NAME		Canorda Gancia	ļ	
STREET ADDRESS	7990 SW 117 AVE STE 137		2.3 STREET ADDRESS		SECRETORY CANDIDA Change De Change D	İ	
CITY-ST-ZIP	MIAMI FL T DELETE		2. 4 CITY- 3.1 TITLE	ST-ZIP	M) And F/2 33/25	Addition	
NAME	HECTOR, GARCIA		3.1 THE		Change C	T VOUIDOU	
STREET ADDRESS	****			T ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-				
TITLE	MR2mi I C	☐ DELETE	4.1 TITLE	31-2IF	Change	Addition	
NAME			4. 2 NAME		Critings E.	_ ,	
STREET ADDRESS				1 ADDRESS		İ	
CITY-ST-ZIP	.		4.4 CITY-				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE			į	
CITY-ST-ZIP			5.4 CITY-			İ	
TITLE			6.1 TITLE		Change	Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 C(TY-	ST-ZIP			
	erlify that the information supplied with	this filing does not qualify for			ted in Section 119 07(3)(i) Florida Statutes, I further certify that the info	rmation	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 13 if changed, or on an attachment with an address