2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$45913

1. Entity Name

HECH CONCEDITION INC

, ,				
Mailing Address				
14451 SW 161 ST MIAMI FL 33177				
3. Mailing Address				
Suite, Apt. #, etc.				
	Mailing Address 14451 SW 161 ST MIAMI FL 33177 3. Mailing Address			

FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90186 035 ***150.00

MIAMI FL 33186			MIAMI FL 33177				,				
							. 				
Principal Place of Business 3. Mail			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 65-0260590			oplied For	7
Zip Country Zip		Zip	Cour	Country		Certificate of Status Desired [8.75 Add		1	
	6. Name	and Address of Current R	egistered Agent		<u> </u>		Name and Address of New Regis		•		4
•			- Julian - Algoria		Nāme		Traine and Agained of Horn Hegis	TOTOG AG			1
HERNANDEZ, JORGE											
	71 S.W. 96T					Street Address (P.O. Box Number is Not Acceptable)					
	VII FL 33186										1
							J				
					City			FL	Zip Cod	е]
8. The above	named entity	y submits this statement for t	he purpose of changing its	register	ed office or	registered aç	gent, or both, in the State of Florida				
0.00.47.105									-		
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	E: Registere	d Agent signatu	re required when r	reinstating)	DATE			}
9. This corpo	oration is eligi	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.0	10				_	1
			I -	After MAY 1, 2001 Fee will be \$550.00			 Election Campaign Financi Trust Fund Contribution. 	ng	\$5.0	0 May Be I to Fees	
(See criteria on back)			Make Check Payable to Department of Stat			of State	ate Added to Fees				
11.		OFFICERS AND DI	RECTORS	12.		Α[DDITIONS/CHANGES TO OFFICER	S AND D	IRECTOR:	S IN 11	1.
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r nereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #