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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65144 (5)

1. Corporation Name
HELLER'S INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

C/O ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1047 DEERPATH CT

Suite, Apt. #, etc.

22

City & State

23 WESTON FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 1047 DEERPATH CT

Suite, Apt. #, etc.

27

City & State

28 WESTON FL

Zip

29 33326

Country

30 USA

3. Date Incorporated or Qualified

07/10/1991

4. FEI Number

65-0277928

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE T, ORRES & FERNAN
101 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CARLOS ANGULO

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

1047 DEERPATH CT

83

84 City

WESTON

FL

85 Zip Code

33326

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 date of signature

CARLOS ANGULO

(NOTE: Registered Agent signature required when reinstating)

3/6/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME ANGULO, CARLOS

STREET ADDRESS 101 MADEIRA AVENUE

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1047 DEERPATH CT

WESTON FL 33326

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TREASURER

SARA SANHUEZA ANGULA

1047 DEERPATH CT

WESTON FL 33326

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: CARLOS ANGULO

Carlos Angulo

Tel 27 1008 (954)349-8429

CR2E034 (10/97)