

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S91580 (8)**

1. Corporation Name
H & H INVESTORS, INC.



Principal Place of Business
**P.O. BOX 970606
MIAMI FL 33197-0606**

Mailing Address
**P.O. BOX 970606
MIAMI FL 33197-0606**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**HALIM, RAFAEL
11810 S.W. 206TH ST.
MIAMI FL 33177**

3. Date Incorporated or Qualified **11/01/1991** 3a. Date of Last Report **04/17/1995**
4. FET Number **65-0300156** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0506, Florida Statutes.

SIGNATURE:

Signature of Corporation with power of attorney

Date:

Signature of New Registered Agent

Date:

12. OFFICERS AND DIRECTORS		13.
TITLE	PSD	13.1 TITLE
NAME	HALIM, ISAAC	13.2 NAME
STREET ADDRESS	PO BOX 970606 N/A	13.3 STREET ADDRESS
CITY- ST- ZIP	MIAMI FL 33189	13.4 CITY- ST- ZIP
TITLE	VTD	13.5 TITLE
NAME	HALIM, RAFAEL	13.6 NAME
STREET ADDRESS	PO BOX 970606 N/A	13.7 STREET ADDRESS
CITY- ST- ZIP	MIAMI FL 33189	13.8 CITY- ST- ZIP
TITLE		13.9 TITLE
NAME		13.10 NAME
STREET ADDRESS		13.11 STREET ADDRESS
CITY- ST- ZIP		13.12 CITY- ST- ZIP
TITLE		13.13 TITLE
NAME		13.14 NAME
STREET ADDRESS		13.15 STREET ADDRESS
CITY- ST- ZIP		13.16 CITY- ST- ZIP
TITLE		13.17 TITLE
NAME		13.18 NAME
STREET ADDRESS		13.19 STREET ADDRESS
CITY- ST- ZIP		13.20 CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.20 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any instrument with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(305) 585-9425
Daytime Phone #

CR2E034 (12/95)