

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

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AND
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pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997



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

97 AUG 14 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 91580
1. Corporation Name
H & H INVESTORS, INC

Principal Place of Business Mailing Address
P.O. Box 970606
MIAMI, FL 33197-0606

3. Date Incorporated or Qualified: 11-1-1991
3a. Date of Last Report: 4-12-1996

21. Principal Place of Business	22. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0300156	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALIM, RAFAEL 11810 SW 206 th Street MIAMI, FL 33177		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	500002270255--4
		83. City	MIAMI
		84. State	FL
		85. Zip Code	33177

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	HALIM, ISRAEL	1.2 NAME	
STREET ADDRESS	P.O. Box 970606	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33189	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	HALIM, RAFAEL	2.2 NAME	
STREET ADDRESS	P.O. Box 970606	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33189	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

A. Alaw
8/14/97

14. I do 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 the agent or on an attachment with an address.

SIGNATURE: _____ (305) 885-4435
Date: _____ Daytime Phone #

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pg. 2 of 2

August 7, 1997

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref.: H & H Investors, Inc.

Dear Sir (Madam):

Enclosed please find my Corporation Annual Report and my check for \$165.00.

I called your office and explained that I had not received the Corporation Annual Report. I was told that the penalty would be waived but that next year it would not.

Thank you very much for your understanding and please accept my apology for this inconvenience.

Sincerely,



Rafael Hakim - Director