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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUMENT # **V26799**

(9)

HILDA-MIKE CASINO, INC.



Principal Place	e of Business	Mail	ling Address					A 1914 ALAU ANA		. 41411 41411 1441
1896 NW 38TH AVE LAUDERHILL FL 33311		10	1896 NW 38TH AVE LAUDERHILL FL 33311							
LYONEVUILL		ŭ	NOWENIARE PE 9991	r			3. Date Incorporated or Qualified 04/02/1992	3a. Date	of Last F 5/19/19	•
2. Principal Pl	ace of Business	2a. l	Mailing Address				4. FEt Number	4 ,,,		Applied For
1]		26					65-0322272			Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
Gity & State	6	28	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zφ	Country		Zip	Cou	intry		8. This corporation has liability for		under s	199.032,
4]	25	29		30				□ No		
	g. Name and Address of	f Current Registe	ered Agent		1		10. Name and Address of New F	legistered A	lgent	
				,	81	Name				
	SOSA, MIKE 8800 SW 22 ST		82 Stre		Street Ad	Address (P.O. Box Number is Not Acceptable)				
	AR FL 33025				83					
					84	City			85 Z	ip Code
						•	oration submits this statement for the pu	<u> </u>		
SIGNATURE .							·····			
· · · · · · · · · · · · · · · · · · ·	Styliatine, typical or printed name of rege				l Agent	signature requ	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
12.		hered agent and tide if an ERS AND DIRECT		OTE: Registered 13.		signature requ	red when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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2. HEF AME	OFFIC		ORS	13. 1 1 T 1.2 N	TITLE AME	signature requi		ICERS AND		
ILE THE AME STREET ADDRESS	P SOSA, MIKE		ORS	13. 1 1 T 1.2 N 1.3 S	TITLE AME	address		ICERS AND] Change	Add:tion
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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 notificing 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 number appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-96 485

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