

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V40747

(0)

1. Corporation Name
H C ENTERPRISES, INC.

Principal Place of Business
8640 S.W. 94TH STREET
MIAMI FL 33156

Mailing Address
8640 S.W. 94TH STREET
MIAMI FL 33156-7311

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CANTOR, HOWARD
8640 S.W. 94TH STREET
MIAMI FL 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent named in this statement is the 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 title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CANTOR, HOWARD
STREET ADDRESS 8640 S.W. 94TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME CANTOR, HINDA
STREET ADDRESS 8640 S.W. 94TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME CANTOR-GIRNUN, JULIE
STREET ADDRESS 10655 S.W. 76TH TERR.
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME KAPLAN, ELLEN
STREET ADDRESS 8300 SW 96 CT
CITY-STATE-ZIP MIAMI FL

TITLE D
NAME CANTOR, DEBORAH
STREET ADDRESS 8640 S.W. 94TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 file 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 11 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

03/18/1996

4. FEI Number

65-0337425

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

Name

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

City

FL

85

Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

CR2E034 (9/96)

3/6/97

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