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



FILED						
Apr 18 1997 8:00am						
Secretary of State						



. · F	ILE NOW: FILIN	IG FEE AFTE	FILED Apr 18 1997 8:00an Secretary of State			
PROFIT CORPORATION ANNUAL REPORT 1997					FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
COLON	MENT # V4 IN Name HAL CAPITAL CORP		(6)			
10241 8W 13 MIAMI FL 331 US			1 SW 136TH STREE' AI FL 33176-6654	Г	Date Incorporated or Qualified	3a, Date of Last Roport
9. Principal I	Place of Business	2a h	Mailing Address		06/10/1992 4. FEI Number	07/16/1996 Applied For
Suite, Apt		26	Suite, Apt. #, etc.		65-0374760	Not Applicable
City & Sta		27	City & State		Certificate of Status Desired Election Campaign Financing	Fee Required \$5.00 May Be
Zlp	Country	28	'ip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
14	9, Name and Addres	29 s of Current Registe	red Agent	81 Name	Florida Statutes 10. Name and Address of New R	Yes No legistered Agent
102	BATZNIK, CLIVE 241 SW 136TH ST VMI FL 33176			82 Street Add	dress (P.O. Box Number is Not Accepta	able)
11. Pursuant office or	to the provisions of Sectic	ons 607.0502 and 607 in the State of Florida	.1508, Florida Statu Such change was	84 City tes, the above-named columnation authorized by the corpora	poration submits this statement for the attion's board of directors, I hereby acce	PL 85 Zip Code purpose of changing its registered pot the appointment as registered
agent I a	am familiar with, and acception and acception for the state of the sta			lorida Statutes. 16: Registered Agent signature requ		DATE
12.		FICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME STREET ADDRESS	KABATZNIK, CLIVE 10241 SW 136TH ST	TREET	L] DELETE	1.1 THLE 1.2 NAME 1.3 STREET ADDRESS		L_J Change L_J Addition
CITY-ST-ZIP TITLE NAME	MIAMI PL 331/6		DELETE	1.4 CHY-ST-7IP 2.1 THLE 2.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELFTE	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP				3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - 7IP		
TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		□] Change □ Addilio
TITLE NAME STREET ADDRESS			DELETE	4 4 CILY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	by certify that the informat	ion supplied with this	filing does not qual	6.4 CITY - ST - ZIP	d in Section 119.07(3)(i). Florida Statut	es. I further certify that the

Information indicated on this annual properties upplemental 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 Copyration 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 11 or control or on an attackment with an address.

200

4/11/92