

**2001 UNIFORM BUSINESS REPORT (UBR)**


**DOCUMENT # K24803**  
 1. Entity Name  
**HOHUER CORPORATION**

Principal Place of Business C/O SOFIA POWELL-COSIO, PA. 1390 BRICKELL AVE. STE. 200 MIAMI FL 33131 US	Mailing Address C/O SOFIA POWELL-COSIO, PA. 1390 BRICKELL AVE. STE. 200 MIAMI FL 33131 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0050912</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**  
**POWELL-COSIO, SOFIA P.A.**  
**1390 BRICKELL AVE.**  
**SUITE 200**  
**MIAMI FL 33131**

**FILED**  
 01 OCT 12 AM 11:31  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Sofia Powell-Cosio DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUERTAS, HOMERO</b> <b>2843 S BAYSHORE DR #15C</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT** 2001

300004683089  
 -11/06/01-01083-010  
 \*\*\*750.00 \*\*\*750.00

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: X **SIGNATURE REQUIRED** 9/27/01 579-9988

00359822 AV

CR2E034 (5/01)