

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

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528438 (5)
1. Corporation Name
HIALEAH INC.



Principal Place of Business 105 E. 21ST STREET P.O. BOX 158. N/A HIALEAH FL 33010 US	Mailing Address 105 E. 21ST STREET P.O. BOX 158. N/A HIALEAH FL 33010-2733 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/24/1977	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1723806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRUNETTI, JOHN J., JR.
105 EAST 21ST STREET
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name John Van Lindt
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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, 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: *John Van Lindt* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	BRUNETTI, JOHN J
STREET ADDRESS	105 EAST 21ST STREET HIALEAH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	BRUNETTI, ANNA G
STREET ADDRESS	105 EAST 21ST STREET HIALEAH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PD BRUNETTI, JOHN J., JR.
STREET ADDRESS	105 EAST 21ST STREET HIALEAH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	V VAN LINDT, JOHN
STREET ADDRESS	105 EST 21ST ST HIALEAH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	S BRUNETTI, STEPHEN P
STREET ADDRESS	105 EAST 21ST STREET HIALEAH FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	T BOBER, MONROE
STREET ADDRESS	105 EAST 21ST STREET HIALEAH FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 execute 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: *John Van Lindt* **PRESIDENT** **01/15/97** (305) 885-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)