

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90039 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528438

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 02/24/1977	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VAN LINDT, JOHN
105 EAST 21ST STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 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, with all other like empowered.

SIGNATURE: *John Van Lindt* **REQUIRED** Date: 3/20/99 Daytime Phone #: (305) 891-8000

CR2E034 (11/98)