


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

FILED
May 04 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **694863** (2)
1. Corporation Name
H.S.M., INC.

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| Principal Place of Business 200 S BISCAYNE BLVD SUITE 2750 MIAMI FL 33131 | Mailing Address 9999 COLLINS AVE. #16K BAL HARBOUR FL 33154 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 9999 COLLINS AVENUE Suite, Apt. #, etc. 22 Apt. 16-K City & State 23 BAL HARBOUR, FL Zip 24 33154 Country 25 US | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | 3. Date Incorporated or Qualified 07/16/1981 4. FEI Number 59-2216511 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent SHEAR, DAVID ESQ % FIELDSTONE LESTER & SHEAR 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131 | 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 FL |
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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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD NAME BEDZOW, BENJAMIN STREET ADDRESS 175 NW FIRST AVE #2000 CITY-ST-ZIP MIAMI FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DV NAME SHEAR, HANNAH STREET ADDRESS 175 NW FIRST AVE #2000 CITY-ST-ZIP MIAMI FL | 1.2 NAME | |
| TITLE | DST NAME BEDZOW, BESSIE STREET ADDRESS 175 NW FIRST AVE #2000 CITY-ST-ZIP MIAMI FL | 1.3 STREET ADDRESS | |
| TITLE | DV NAME SHEAR, DAVID STREET ADDRESS 175 N W 1ST AVENUE CITY-ST-ZIP MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | V NAME WEMPE, MARGARITA STREET ADDRESS 175 NW FIRST AVE #2000 CITY-ST-ZIP MIAMI FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 2.2 NAME | |
| TITLE | | 2.3 STREET ADDRESS | |
| TITLE | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.2 NAME | |
| TITLE | | 3.3 STREET ADDRESS | |
| TITLE | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.2 NAME | |
| TITLE | | 4.3 STREET ADDRESS | |
| TITLE | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5.2 NAME | |
| TITLE | | 5.3 STREET ADDRESS | |
| TITLE | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.2 NAME | |
| TITLE | | 6.3 STREET ADDRESS | |
| TITLE | | 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.

SIGNATURE: *[Signature]* (Benjamin D. Bedzow) 11/16/98 (SHEAR) 861-4666

CR2E034 (10/97)