

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F56835 (4)

1. Corporation Name
HMG INVESTMENT CORP.



Principal Place of Business 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133	Mailing Address 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

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
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified
12/01/1981

4. FEI Number
59-2269345

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ROTHSTEIN, LAWRENCE
 2701 S BAYSHORE DR, PENTHOUSE
 COCONUT GROVE 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 **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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS	1.2 NAME
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANK, KEITH W	2.2 NAME
STREET ADDRESS	2701 SOUTH BAYSHORE DR	2.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE, FL 00000	2.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE	3.2 NAME
STREET ADDRESS	2701 SOUTH BAYSHORE DR	3.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE, FL 00000	3.4 CITY-ST-ZIP
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, LEE	4.2 NAME
STREET ADDRESS	30 CHURCH ST.	4.3 STREET ADDRESS
CITY-ST-ZIP	NEW ROCHELLE NY	4.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE I	5.2 NAME
STREET ADDRESS	2701 SO BAYSHORE DR	5.3 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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)(j), 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 *Carlos Camarotti* 2/6/98 12/01/1981-1988

CR2E034 (10/97)