

03-95 B-838-C
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CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -3 AM 9:27

DOCUMENT # **F93000000843 (3)**

1. Corporation Name

HECNY TRANSPORTATION INC.

Principal Place of Business

150 N. HILL DR., SUITE 18
 BRISBANE CA 94005

Mailing Address

150 N. HILL DR., SUITE 18
 BRISBANE CA 94005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/18/1993** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
95-2642692

Applied For
 Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GARCIA, AVELINO
 2662 NW 74TH AVENUE
 MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name **Garcia, Avelino (same)**
 82 Street Address (P.O. Box Number is Not Acceptable) **1900 82nd Avenue**
 83
 84 City **Miami** FL 85 Zip Code **33126**

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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE **JAN 30 1995**

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|-------------------|---------------------------|-------------------|
| CD | LEE, CHARLIE C.K. | 150 N. HILL DR., SUITE 18 | BRISBANE CA 94005 |
| PSTD | LEE, TONY F | 150 N. HILL DR., SUITE 18 | BRISBANE CA 94005 |
| VC | LEE, TONY F | 150 N. HILL DR., SUITE 18 | BRISBANE CA 94005 |
| VP | CHAN, BENSON | 150 N. HILL DR., SUITE 18 | BRISBANE CA 94005 |
| | | | |
| | | | |
| | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|
| 1.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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]* **Tony F. Lee/President** January 30, 1995 (415)468-0600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR