FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **H79575** **(7)**

1. Corporate Name

P.B.H.E., INC.

Principal Place of Business

241 SEVILLA AVE #902
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVE #902
CORAL GABLES FL 33134

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **10/07/1985**

3a. Date of Last Report: **02/15/1994**

4. FEI Number: **59-2584003** [ ] Applied For [ ] Not Applicable

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

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

7. Is this corporation authorized to do business in Florida Statutes: [ ] Yes [ ] No

21 / 22 / 23 / 24 / 25 / 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

BROWN, PETER
241 SEVILLA #902
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The submission of this statement 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 [illegible] Florida Statutes.

(SIGNATURE)

12. OFFICER AND DIRECTORS

TITLE	VD
NAME	EVENSKY, HAROLD R.
ADDRESS	241 SEVILLA AVE #902
CITY ST ZIP	CORAL GABLES FL
TITLE	STD
NAME	BROWN, PETER
ADDRESS	241 SEVILLA AVE #902
CITY ST ZIP	CORAL GABLES FL
TITLE	PD
NAME	KATZ, DEENA
ADDRESS	241 SEVILLA AVE #902
CITY ST ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true and accurate and that this report is executed in accordance with Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: Deena B. Katz **DEENA B. KATZ** **5/15/95** **305 4488882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0137480 CP