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95 MAY - 1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07050 (1)

1. Corporation Name
HMG CAPITAL 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.

3. Date Incorporated or Qualified 10/29/1984	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2462793	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ROTHSTEIN, LAWRENCE
2701 S. BAYSHORE DRIVE
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ DATE _____
(Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	WIENER, MAURICE 2701 S. BAYSHORE DRIVE COCONUT GROVE FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP	ROTHSTEIN, LAWRENCE 2701 S. BAYSHORE DRIVE COCONUT GROVE FL	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP	GRAY, LEE 2701 S BAYSHORE DR. COCONUT GROVES FL	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSC	CAMAROTTI, CARLOS 2701 S BAYSHORE DR COCONUT GROVE FL	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS	CRANK, KEITH W 2701 S BAYSHORE DR COCONUT GROVE FL	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		8. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 at the time of making application to reappoint, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Carlos Camarotti**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/27/95 305 854 6803
Date Filing Number