


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90205 009 \*\*\*150.00

0270976

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # M07050**

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
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/29/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2462793</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROTHSTEIN, LAWRENCE 2701 S. BAYSHORE DRIVE COCONUT GROVE FL 33133</b>				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 <b>FL</b>

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	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, MAURICE		1.2 NAME	<b>WIENER, MAURICE</b>	
STREET ADDRESS	2701 S. BAYSHORE DRIVE		1.3 STREET ADDRESS	<b>2701 S. BAYSHORE DRIVE, PH.</b>	
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP	<b>COCONUT GROVE, FL</b>	
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, LAWRENCE		2.2 NAME	<b>ROTHSTEIN, LAWRENCE</b>	
STREET ADDRESS	2701 S. BAYSHORE DRIVE		2.3 STREET ADDRESS	<b>2701 S. BAYSHORE DRIVE, PH.</b>	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	<b>COCONUT GROVE, FL</b>	
TITLE	VSC	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAROTTI, CARLOS		3.2 NAME	<b>CAMAROTTI, CARLOS</b>	
STREET ADDRESS	2701 S BAYSHORE DR		3.3 STREET ADDRESS	<b>2701 S. BAYSHORE DRIVE, PH.</b>	
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP	<b>COCONUT GROVE, FL</b>	
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANK, KEITH W		4.2 NAME		
STREET ADDRESS	2701 S BAYSHORE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED **4/2/99** (305) 854-6803  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)