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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M23398** (4)

1. Corporation Name
G.H.E. CORP.

Principal Place of Business: **1435 W. 49TH PLACE STE. 403 HIALEAH FL 33012**
Mailing Address: **1435 W. 49TH PLACE STE. 403 HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 11/14/1985	3a. Date of Last Report 08/08/1994
4. FIC Number 59-2615803	Applied For Not Applicable
5. Certificate of State 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 19-100, 100-100 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc 22	State Apt # etc 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent
**PENA, GUILLERMO A., M.D.
1435 W. 49TH PLACE
SUITE #403
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number or Not Applicable)
B3
B4 City
FL B5 Zip Code

11. I, the undersigned, the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as specified in part 1 of part 1 of the State of Florida. The resolution was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident and accept the obligations of the terms of 19-100 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDRESSES OF OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)
C NAME: PENA, GUILLERMO A. STREET ADDRESS: 1435 W. 49TH PLACE CITY: HIALEAH FL	1. NAME STREET ADDRESS CITY STATE ZIP
S NAME: PENA, HOPE E. STREET ADDRESS: 1435 W. 49TH PLACE CITY: HIALEAH FL	2. NAME STREET ADDRESS CITY STATE ZIP
NAME	3. NAME STREET ADDRESS CITY STATE ZIP
NAME	4. NAME STREET ADDRESS CITY STATE ZIP
NAME	5. NAME STREET ADDRESS CITY STATE ZIP
NAME	6. NAME STREET ADDRESS CITY STATE ZIP
NAME	7. NAME STREET ADDRESS CITY STATE ZIP
NAME	8. NAME STREET ADDRESS CITY STATE ZIP
NAME	9. NAME STREET ADDRESS CITY STATE ZIP

14. I, the undersigned, certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 19-072.006, Florida Statutes. I further certify that the information indicated on this annual report is supplemented and updated as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or a director of the corporation. I have consented to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report. If my name has changed, list the new name with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/1/95 (305) 362-4666