

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M43894** (8)

1. Corporation Name
MIAMI HERITAGE COMPANY



Principal Place of Business: **2840 S.W. THIRD AVENUE MIAMI FL 33129**
Mailing Address: **2840 S.W. THIRD AVENUE MIAMI FL 33129**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/24/1986	01/24/1995
4. FEI Number	Applied For
59-2747583	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WISEHEART, MALCOLM
2840 S.W. THIRD AVENUE
MIAMI FL 33129**

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

11. Pursuant to the provisions of Sections 607.04(1) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (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 607.04(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12A	DP WISEHEART, MALCOLM B. 2840 S.W. THIRD AVE. MIAMI FL	<input type="checkbox"/> DELETE
12B	DST JOYCE, ELIZABETH W. 2840 S.W. THIRD AVE. MIAMI FL	<input type="checkbox"/> DELETE
12C		<input type="checkbox"/> DELETE
12D		<input type="checkbox"/> DELETE
12E		<input type="checkbox"/> DELETE
12F		<input type="checkbox"/> DELETE
12G		<input type="checkbox"/> DELETE
12H		<input type="checkbox"/> DELETE
12I		<input type="checkbox"/> DELETE
12J		<input type="checkbox"/> DELETE
12K		<input type="checkbox"/> DELETE
12L		<input type="checkbox"/> DELETE
12M		<input type="checkbox"/> DELETE
12N		<input type="checkbox"/> DELETE
12O		<input type="checkbox"/> DELETE
12P		<input type="checkbox"/> DELETE
12Q		<input type="checkbox"/> DELETE
12R		<input type="checkbox"/> DELETE
12S		<input type="checkbox"/> DELETE
12T		<input type="checkbox"/> DELETE
12U		<input type="checkbox"/> DELETE
12V		<input type="checkbox"/> DELETE
12W		<input type="checkbox"/> DELETE
12X		<input type="checkbox"/> DELETE
12Y		<input type="checkbox"/> DELETE
12Z		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13A	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13B	12 NAME	
13C	13 STREET ADDRESS	
13D	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13E	15 TITLE	
13F	16 NAME	
13G	17 STREET ADDRESS	
13H	18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13I	19 TITLE	
13J	20 NAME	
13K	21 STREET ADDRESS	
13L	22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13M	23 TITLE	
13N	24 NAME	
13O	25 STREET ADDRESS	
13P	26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13Q	27 TITLE	
13R	28 NAME	
13S	29 STREET ADDRESS	
13T	30 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on an attached card with an address.

SIGNATURE: *Malcolm B. Wiseheart, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Malcolm B. Wiseheart, Jr.

January 17, 1996 (305) 285-9471

CR2E034 (12/95)