

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000040804 (5)

1. Corporation Name
HI - MI, INC.



Principal Place of Business: 4695 US HWY 27, PEMBROKE PINES FL 33332-2000
Mailing Address: P. O. BOX 820008, SOUTH FLORIDA FL 33082-0008 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for State, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0416032
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: KING, HIRAM C, 4690 US HWY 27, P.O. BOX 820008, SO. FLORIDA, FL 33082-0008, FAX: 305-434-0844

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and Zip Code.

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	KING, HIRAM C	2.1 NAME	
3. STREET ADDRESS	7953 W VENETIAN ST	3.3 STREET ADDRESS	
4. CITY, ST, ZIP	MIRAMAR FL 33023	4.4 CITY-ST-ZIP	
5. TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	KING, DOROTHY C	6.2 NAME	
7. STREET ADDRESS	7953 W VENETIAN ST	7.3 STREET ADDRESS	
8. CITY, ST, ZIP	MIRAMAR FL 33023	8.4 CITY-ST-ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY, ST, ZIP		12.4 CITY-ST-ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY, ST, ZIP		16.4 CITY-ST-ZIP	

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 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 Book 12 or Book 13 if changed, or on an attached form with an address.

SIGNATURE: DOROTHY C. KING, SEC'Y/TREAS
2/8/96 (954)-434-0660

CR2E084 (12/95)