

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 # **P95000011492 (2)**

1. Corporation Name

HAYERFIELD INTERNATIONAL LICENSING CORP.



Principal Place of Business: **200 SOUTH BISCAYNE BLVD. SUITE 5400 MIAMI FL 33131**
Mailing Address: **200 SOUTH BISCAYNE BLVD. SUITE 5400 MIAMI FL 33131**

3. Date Incorporated or Qualified: **02/10/1995**
3a. Date of Last Report

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

4. FEI Number: **59-2109490**
Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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: **FL**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YENZER, SCOTT	1.2 NAME
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 5400	1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME JOHN T. HANRATTY
STREET ADDRESS		2.3 STREET ADDRESS 4320 N.W. 63 AVENUE
CITY - ST - ZIP		2.4 CITY - ST - ZIP CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE CHIEF OPERATING OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME JOHN J. YANOPOULOS
STREET ADDRESS		3.3 STREET ADDRESS 9375 SW 93 PLACE, MIAMI, FL
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE 700001852887 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP 06/06/96 01016 010
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE ***200.00 <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 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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **C.O.O.** **4/29/96** **(305) 358-4444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN J. YANOPOULOS**
Date: _____ Registered Office # _____

CR2E034 (12/95)