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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000100041 (8)

1. Corporation Name
H.M.E. SALES & SERVICE, INC.



Principal Place of Business
**10200 N.W. 5TH STREET
PEMBROKE PINES FL 33026**

Mailing Address
**10200 N.W. 5TH STREET
PEMBROKE PINES FL 33026-3981**

3. Date Incorporated or Qualified: **12/10/1996**
3a. Date of Last Report

2. Principal Place of Business

21 **20335 Biscayne Blvd #29**
Suite, Apt. #, etc.

Mailing Address

28 **20335 Biscayne Blvd**
Suite, Apt. #, etc.

4. FEI Number Applied For
 Not Applicable

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

Aventura, FL

City & State

Aventura, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

33180 Dade

29

Country

33180 Dade

9. Name and Address of Current Registered Agent

**MANN, ANDREW L P.A.
8211 WEST BROWARD BLVD.
SUITE 310
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **Erica**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **BRUCE CUTINO, PRESIDENT**
NAME
STREET ADDRESS **10200 NW 5th St.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CONTRORER**
NAME **AND COOPER**
STREET ADDRESS **4826 NW 45th Ct.**
CITY-ST-ZIP **SUNRISE, FL 33351**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Handwritten Signature]

H 17 97 (205) 975-1441

CR2E034 (9/96)