

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **V57479** (0)

1. Corporation Name
HOBBYMANIA CORP.



Principal Place of Business	Mailing Address
200 LESLIE DRIVE #814 HALLANDALE FL 33009	200 LESLIE DRIVE #814 HALLANDALE FL 33009

3. Date Incorporated or Qualified 08/14/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0359132	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 1062 NE 163 Street	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State North Miami Beach, FL	City & State
23	28
Zip 33162	Country USA
24	29
Country	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHIUMERINI, HAYDEE 200 LESLIE DR. #814 HALLANDALE FL 33009				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. Thereby 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	PD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIUMERINI, HAYDEE			12 NAME			
STREET ADDRESS	200 LESLIE DR. #814			13 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			14 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE	Secretary - treasury	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIUMERINI, JUAN C			22 NAME	Juan C. Schiumerini Sr.		
STREET ADDRESS	200 LESLIE DR. #814			23 STREET ADDRESS	200 Leslie Dr #814		
CITY-ST-ZIP	HALLANDALE FL			24 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	Vice - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	Juan C. Schiumerini Jr.		
STREET ADDRESS				33 STREET ADDRESS	200 Leslie Dr #814		
CITY-ST-ZIP				34 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				42 NAME	Juan C. Kofman		
STREET ADDRESS				43 STREET ADDRESS	12340 NE 6th		
CITY-ST-ZIP				44 CITY-ST-ZIP	Hallandale, FL 33161		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/10/96** (305) 937-7005

CR2E034 (3/96)