FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **272887** **(1)**

1. Corporation Name

HJR, INC.

Principal Place of Business	Mailing Address
120 LEUCADENDRA DR CORAL GABLES FL 33156	120 LEUCADENDRA DR CORAL GABLES FL 33156

3. Date Incorporated or Qualified: **08/19/1963**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-1318669** [ ] 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

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

9. Name and Address of Current Registered Agent

KUBIT, DONALD E.
150 S.E. 2ND AVENUE, SUITE #300
CORAL GABLES, FL
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0502 and 607.1905, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	[ ] Change [ ] Addition	
NAME	ROSS, AUDREY H.			
STREET ADDRESS	120 LEUCADENDRA DR.			
CITY-ST-ZIP	CORAL GABLES FL			
TITLE	T	[ ] DELETE	[ ] Change [ ] Addition	
NAME	ROSS, AUDREY H.			
STREET ADDRESS	120 LEUCADENDRA DRIVE			
CITY-ST-ZIP	CORAL GABLES FL			
TITLE	S	[ ] DELETE	[ ] Change [ ] Addition	
NAME	ROSS, AUDREY H.			
STREET ADDRESS	120 LEUCADENDRA DR.			
CITY-ST-ZIP	CORAL GABLES FL			
TITLE		[ ] DELETE	[ ] Change [ ] Addition	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		[ ] DELETE	[ ] Change [ ] Addition	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		[ ] DELETE	[ ] Change [ ] Addition	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

14. I do hereby certify that the information indicated on this report or supplemental 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 with an indication of my office or that I am authorized to sign.

SIGNATURE: Audrey H. Ross 3/25/96 661-4013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)