

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

97 AUG -4 PM 2: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K90305
 1. Corporation Name
HEAT MOTORS CORPORATION

Principal Place of Business 1917 Palm Avenue Hialeah, Florida 33010	Mailing Address 1917 Palm Avenue Hialeah, Florida 33010
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REINSTATEMENT 91-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5/23/1989	3a. Date of Last Report 3/27/1990
21	22	23	24	4. FEI Number 65-0124566	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip	
26. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Liliana M. Somoano
2553 N.W. 20th Street
Miami, Florida 33125

10. Name and Address of New Registered Agent

81 Name **Luis M. Somoano**
 82 Street Address (P.O. Box Number is Not Acceptable)
1917 Palm Avenue
 83
 84 City **Hialeah** **FL** 85 Zip Code **33010**

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 **LUIS M. SOMOANO** DATE **8/7/1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/T/D <input type="checkbox"/> DELETE
NAME	Somoano, Luis M.
STREET ADDRESS	1917 Palm Avenue
CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	<input type="checkbox"/> DELETE
NAME	Somoano, Liliana M.
STREET ADDRESS	1917 Palm Avenue
CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Conde, Jorge
STREET ADDRESS	2553 N.W. 20th Street
CITY-ST-ZIP	Miami, Florida 33125
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900002261009--2
1.4 CITY-ST-ZIP	-08/07/97--01096--008
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***1636.25 ***1636.25
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LUIS M. SOMOANO** President DATE **8/1/1997** (305) 884-2700
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)