

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 589946 (3)**  
 1. Corporation Name  
**HERITAGE SQUARE, INC.**

Principal Place of Business <b>825 S BAYSHORE DRIVE MIAMI FL 33131</b>	Mailing Address <b>825 S BAYSHORE DRIVE MIAMI FL 33131-2936</b>
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2. Principal Place of Business 21 <b>825 BRICKELL BAY DRIVE</b>		2a. Mailing Address 26 <b>825 BRICKELL BAY DRIVE</b>		3. Date Incorporated or Qualified <b>10/26/1978</b>	3a. Date of Last Report <b>10/14/1996</b>
22 <b>TOWER III SUITE 1643</b>		27 <b>TOWER III SUITE 1643</b>		4. FEI Number <b>59-1858428</b>	Applied For <input type="checkbox"/> Not Applicable
23 <b>MIAMI, FL</b>		28 <b>MIAMI, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33131</b>		29 <b>33131</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25 <b>USA</b>		30 <b>USA</b>		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 <b>MEDELSON, LAURANS A 825 S BAYSHORE DR 1643 MIAMI, FLA MIAMI, FL 33131</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDELSON, LAURENS, A</b>	1.2 NAME	
STREET ADDRESS	<b>825 S BAYSHORE DR 1643</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEDELSON, ARLENE</b>	2.2 NAME	
STREET ADDRESS	<b>825 S BAYSHORE DR 1643</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL, JOSEPH A.</b>	3.2 NAME	
STREET ADDRESS	<b>825 S BAYSHORE DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VETTER, JUDITH</b>	4.2 NAME	
STREET ADDRESS	<b>825 S BAYSHORE DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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:**  **LAURANS A. MENDELSON** 4/11/97 (305) 374-1744  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)