FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 641478 (3)

1. Corporation Name
HE2.3, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVE STE 511 CORAL GABLES FL 33146 US	1550 MADRUGA AVE STE. 511 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1980
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 150 ALHAMBRA CIRCLE	26 same
Suite, Apt. #, etc. 22 SUITE 1250	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL	City & State 28
Zip / Country 24 33134 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 59-1945128 ☐ 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

9. Name and Address of Current Registered Agent

ROBBINS, WILLIAM R JR
THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES FL 33134

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	PS	☑ Change ☐ Addition
NAME	HALL, STEPHEN	1.2 NAME	HALL, STEPHEN	
STREET ADDRESS	1550 MADRUGA AVE, SUITE 511	1.3 STREET ADDRESS	150 ALHAMBRA CIRCLE, STE 1250	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	EVP	2.1 TITLE	EVP	☑ Change ☐ Addition
NAME	ELLINGWOOD, MICHAEL	2.2 NAME	ELLINGWOOD, MICHAEL	
STREET ADDRESS	1550 MADRUGA AVE, SUITE 511	2.3 STREET ADDRESS	150 ALHAMBRA CIRCLE, STE 1250	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Michael A. Ellingwood VICE PRES./TREASURER 4/18/95 305-461-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

016001B CP