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 # 694863 (2)

1. Corporation Name
H.S.M., INC.

Principal Place of Business
200 S BISCAYNE BLVD
SUITE 2750
MIAMI FL 33131

Mailing Address
9999 COLLINS AVE.
#16K
BAL HABOUR FL 33154
US

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/16/1981
3a. Date of Last Report: 08/14/1995
4. FEI Number: 59-2216511 ☐ 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**

SHEAR, DAVID ESQ
% FIELDSTONE LESTER & SHEAR
200 S. BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BEDZOW, BENJAMIN	
STREET ADDRESS	175 NW FIRST AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	SHEAR, HANNAH	
STREET ADDRESS	175 NW FIRST AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	☐ DELETE
NAME	BEDZOW, BESSIE	
STREET ADDRESS	175 NW FIRST AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	SHEAR, DAVID	
STREET ADDRESS	175 N W 1ST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	WEMPE, MARGARITA	
STREET ADDRESS	175 NW FIRST AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(x), 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: [signature] 4-30-96 (305) 884-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — BENJAMIN BEDZOW — DATE — Daytime Phone #