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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 694863

(2)

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

FILED

97 SEP -5 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 2750
MIAMI FL 33131

Mailing Address

9999 COLLINS AVE.
#16K
BAL HABOUR FL 33154-1834
US

3. Date Incorporated or Qualified
07/16/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BEDZOW, BENJAMIN
STREET ADDRESS 175 NW FIRST AVE #2000
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SHEAR, HANNAH
STREET ADDRESS 175 NW FIRST AVE #2000
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST
NAME BEDZOW, BESSIE
STREET ADDRESS 175 NW FIRST AVE #2000
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV
NAME SHEAR, DAVID
STREET ADDRESS 175 N W 1ST AVENUE
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME WEMPE, MARGARITA
STREET ADDRESS 175 NW FIRST AVE #2000
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

CR2E034 (9/96)