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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F53695

(5)

HEMIAN INTERNATIONAL CORPORATION

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Secretary of State

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FILED

Feb 26 1998 8:00am

Principal Place of Business	Mailing Address 1640 NE 55TH STREET FT. LAUDERDALE FL 33334		(19 ENES 1181 Eriel erins dien Inen Bier bifen felbit dien minit Effen Elbit 1681
1640 NE S5TH STREET FT. LAUDERDALE FL 33334			DO NOT WRITE IN THIS SPACE
			Date Incorporated or Qualified 11/16/1981
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For
21	26		59-2137394 Not Applicable
Suite, Apt. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required
City & State	City & State		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	Zip Co. 30	untry	8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes Yo
g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
WALLACE, MICHAEL FRANK			· · · · · · · · · · · · · · · · · · ·
1640 NE 55 ST Ft. Lauderdale Fl 33334		82 Stree	at 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. Lam familiar with and accept the obligations of Section 607.0505. Florida Statutes.

agent. I a	m familiar with, and accept the obligations of, Sec	tion 607. 0 5 0 5, Flo	orida Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable (NOTE	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	- DP	DELETE	1 1 TITLE	Change	☐ Addition
NAME	WALLACE, EDITH MARIA		1.2 NAME		
STREET ADDRESS	1640 NE 55TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	Change	Addition
NAME	WALLACE, ANTHONY JOHN		2.2 NAME		
STREET ADDRESS	1640 NE 55TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7ID			6.4 CITY - ST - 7IP		

14. I 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: Edith M. Wallace

Edith M. Wallace, President, Feb. 19, (954)771-