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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **F56835** **(4)**

1. Corporation Name

HMG INVESTMENT CORP.

Principal Place of Business	Mailing Address
2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133	2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 12/01/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2269345 ☐ 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

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

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

9. **Name and Address of Current Registered Agent**

BROWN, MORTON P
1428 BRICKELL AVE.
C/O SHEA & GOULD
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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VSC	☐ DELETE
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	AS	☐ DELETE
NAME	CRANK, KEITH W	
STREET ADDRESS	2701 SOUTH BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 00000	
TITLE	PD	☐ DELETE
NAME	WIENER, MAURICE	
STREET ADDRESS	2701 SOUTH BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 00000	
TITLE	DVP	☐ DELETE
NAME	GRAY, LEE	
STREET ADDRESS	30 CHURCH ST.	
CITY-ST-ZIP	NEW ROCHELLE NY	
TITLE	VP	☐ DELETE
NAME	ROTHSTEIN, LAWRENCE I	
STREET ADDRESS	2701 SO BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE 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		

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)(k), 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: L. Rothstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/96 Daytime Phone #: 305-854-6803

CR2E034 (12/95)