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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56835

(4)

HMG INVESTMENT CORP.

FILED
Apr 01 1997 8:00am
Secretary of State

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2701 S BAYSHORE DR #PH 27		Mailing Address	Mailing Address						
		2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133-5309							
					3. Date Incorporated or Qualifie 12/01/1981		of Last R	eport	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			59-2269345			t Applicable	
Suite Apr. # etc.		Suile, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	. Certificate of Status Desired See Regulred Fee Regulred			
City & State	The second secon	City & State			6. Election Campaign Financing	1	\$5.00	·· <del>·····</del>	
3		28			Trust Fund Contribution	' 🗆	Added 1		
Zφ	Country	Ζφ	Cou	ntry	8. This corporation has liability			199.032,	
:4	25	29	30		Florida Statutes	Yes			
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New	Registered Ag	ent		
	WN, MORTON P				LAWRENCE ROTHSTEIL	J			
	BRICKELL AVE.			82 Street A	Address (P.O. Box Number is Not Acces	otable) 🔔 🧸	ENTH	مر دید	
-	SHEA & GOULD		}	83	01 SOUTH BAYENDER D	HEIVER , F	ENIN	P708	
MIMA	II FL 33131			•					
				84 City /	and Could	FL	<b>65</b> Zip	Code 33	
44 D. mo. 1933 t	a the provinces of Continue 607.066	22 and 607 1609 Florida Sta	lutes the ak	nove pamed	corneration submits this statement for the	ne purpose of o	i onipoed	e registere	
office out	egistered agent, or both, in the State	of Florida. Such change wa	is authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby ac	cept the appoir	itment as	registered	
V	n familiar with, and tocept the oblig					3/12/9-	>		
SIGNATUR.	Support and of the proceed many or man lender 3-ye	KAWPENCE (N	ICTE Flooistered	Adeni s prajure	required when reinstating)	41 DA( 1	<del>'</del>		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOF	S IN 12	
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NAME	CAMAROTTI, CARLOS		1.2 NA	ME .					
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0(Fr - \$1 - 7(P	COCONUT GROVE FL		1 4 CF	TY-\$T-7IP					
TETLE	AS	☐ DELETE	2111	TLE .			Change .	Addili	
MAMÉ	CRANK, KEITH W		2.2 NA	ME					
STREET ACCURESS	2701 SOUTH BAYSHORE DR		2.3 ST	reet address					
Dity-St ZiP	COCONUT GROVE, FL 00000			11Y - \$T - ZIP			<b></b>		
TITLE	PD MALIONE	☐ DELETE	3.1 TI			L	_] Change	L Additi	
MAME.	WIENER, MAURICE 2701 SOUTH BAYSHORE DR		3.2 NA						
STEEL CADORESS	COCONUT GROVE, FL 00000			REET ADDRESS					
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MILE	GRAY, LEE	□ btreit	4.1 10			L.	பவவிக	☐ YUUR	
NAME Standa designado	30 CHURCH ST.		4. 2 N	rfet address					
STREET ADDRESS	NEW ROCHELLE NY								
0HY-81-Z0: 1:H4	VP VP	DELETE	4.4 CI 5.1 Ti	TY-ST-ZIP			Change	Additio	
LAMI	ROTHSTEIN, LAWRENCE I	C) PECIT	5.1 ti			<b>L</b>			
SPREET ADDRESS	2701 SO BAYSHORE DR			reet address	· ·				
City St. 7 c	COCONUT GROVE FL		1	TY-ST-ZIP	·				
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HAME		hand seasons	62 N/			_			
STREET AUDRESS				REET ADDRESS					
				TY-ST-ZIP					
City St 7/		,,,	040	H-SI-FIF	l				

14. If do hereby certify that the information supplied with this filling 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-814-6803