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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J97991 (0) 1. Corporation Name HIALEAH CORPORATE PARK, INC.			
Principal Place of Business 105 E. 21 STREET HIALEAH FL 33010 US		Mailing Address 105 E. 21 ST HIALEAH FL 33010-2733 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent BRUNETTI, JOHN J. JR. 105 E. 21ST HIALEAH FL 33010		10. Name and Address of New Registered Agent 81 Name John Van Lindt 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 set, Section 607.0505, Florida Statutes. SIGNATURE: <i>John Van Lindt</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME BRUNETTI, JOHN STREET ADDRESS 105 EAST 21ST ST. CITY- ST- ZIP HIALEAH FL TITLE V NAME BRUNETTI, JOHN J. JR. STREET ADDRESS 105 EAST 21ST ST. CITY- ST- ZIP HIALEAH FL TITLE S NAME BRUNETTI, STEPHEN P STREET ADDRESS 105 EAST 21ST ST CITY- ST- ZIP HIALEAH FL TITLE T NAME BOBER, MONROE STREET ADDRESS 105 EAST 21ST STREET CITY- ST- ZIP HIALEAH FL TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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. SIGNATURE: <i>John Van Lindt</i> VICE PRESIDENT 01/15/97 (305) 865-8000 Date Daytime Phone #			



CR2ED34 (9/96)