


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 22 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 # K06786 (3)		
1. Corporation Name HAYHURST & ASSOCIATES, INC.		



Principal Place of Business 2601 S BAYSHORE DR. STE 250 COCONUT GROVE FL 33133 US	Mailing Address 2601 S BAYSHORE DR. STE 250 COCONUT GROVE FL 33133 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/14/1987	3a. Date of Last Report 09/20/1996
4. FEI Number 65-0015604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAYHURST, PATRICIA 2900 NATOMA STREET COCONUT GROVE FL 33133	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HAYHURST-ROMANO, PATRICIA
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE - SUITE 250
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	KLEINMAN, DENNIS
STREET ADDRESS	655 N.E. 97TH ST.
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CAROL
STREET ADDRESS	15741 S.W. 78TH AVE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> DELETE
NAME	CENTANO, MICHAEL
STREET ADDRESS	6616 S.W. 127TH CT.
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	CARDO, MARIBEL
STREET ADDRESS	18703 N.W. 77TH PL
CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	EDROSA-BELLO, MIRTA
STREET ADDRESS	8315 N.W. 170TH ST.
CITY-ST-ZIP	MIAMI FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia I. Hayhurst
1.3 STREET ADDRESS	2601 So Bayshore Drive, Ste. 250
1.4 CITY-ST-ZIP	Coconut Grove, FL 33133
2.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ileana Espinosa
2.3 STREET ADDRESS	2601 So Bayshore Drive, Ste. 250
2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 \_\_\_\_\_

CR2E034 (4/97)