

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPhar  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K47462** (2)

1. Corporation Name  
**H.G.M.N., INC.**



Principal Place of Business

9501 COLLINS OUE  
MIAMI BEACH FL 33154  
US

Mailing Address

7508 BOUNTY AVENUE  
MIAMI BEACH FL 33154  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**11/28/1988**

3a. Date of Last Report  
**02/28/1995**

4. FEI Number  
**65-0085425**

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

NEJMAN, MARIAN  
7508 BOUNTY AVENUE  
N. BAY VILLAGE FL 33141

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

NEJMAN MARIAN

2/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                   |                                 |
|----------------------|-------------------|---------------------------------|
| 12.1 TITLE           | DS                | <input type="checkbox"/> DELETE |
| 12.2 NAME            | NEJMAN, MARIAN    |                                 |
| 12.3 STREET ADDRESS  | 7508 BOUNTY AVE.  |                                 |
| 12.4 CITY, ST, ZIP   | N. BAY VILLAGE FL |                                 |
| 12.5 TITLE           | DP                | <input type="checkbox"/> DELETE |
| 12.6 NAME            | GELLER, HELEN     |                                 |
| 12.7 STREET ADDRESS  | 7508 BOUNTY AVE.  |                                 |
| 12.8 CITY, ST, ZIP   | N. BAY VILLAGE FL |                                 |
| 12.9 TITLE           |                   | <input type="checkbox"/> DELETE |
| 12.10 NAME           |                   |                                 |
| 12.11 STREET ADDRESS |                   |                                 |
| 12.12 CITY, ST, ZIP  |                   |                                 |
| 12.13 TITLE          |                   | <input type="checkbox"/> DELETE |
| 12.14 NAME           |                   |                                 |
| 12.15 STREET ADDRESS |                   |                                 |
| 12.16 CITY, ST, ZIP  |                   |                                 |

|                      |  |   |
|----------------------|--|---|
| 13.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |  |   |
| 13.3 STREET ADDRESS  |  |   |
| 13.4 CITY, ST, ZIP   |  |   |
| 13.5 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |  |   |
| 13.7 STREET ADDRESS  |  |   |
| 13.8 CITY, ST, ZIP   |  |   |
| 13.9 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |  |   |
| 13.11 STREET ADDRESS |  |   |
| 13.12 CITY, ST, ZIP  |  |   |
| 13.13 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |  |   |
| 13.15 STREET ADDRESS |  |   |
| 13.16 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: MARIAN NEJMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

305-866-1625  
Dialing Prefix #

CR2E034 (12/95)