

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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 33141-4110, US

3. Date Incorporated or Qualified: 11/28/1988  
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business: 21 9501 Collins Oue, Suite, Apt. #, etc. 22 Miami Beach, City & State: 23 FL 33154, Zip: 24  
2a. Mailing Address: 26 7508 BOUNTY AVENUE, Suite, Apt. #, etc. 27, City & State: 28, Zip: 29, Country: 30  
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 [X] No [ ]

9. Name and Address of Current Registered Agent: NEJMAN, MARIAN, 7508 BOUNTY AVENUE, N. BAY VILLAGE FL 33141  
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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Name, Title, Street Address, City-St-Zip for DS NEJMAN, MARIAN and DP GELLER, HELEN.

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: [Signature] 4/19/97. Date: Daytime Phone #: 0184912

CR2E034 (9/96)