

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

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91152 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT



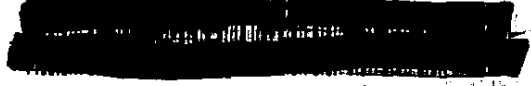
FLORIDA DEPARTMENT OF STATE
Sandra H. Mortham
Secretary of State
DIVISION OF CORPORATIONS

2001

DOCUMENT # K47462 (2)
1. Corporation Name
H.G.M.N., INC.

Principal Place of Business
9501 COLLINS BLVD
MIAMI BEACH FL 33154
US

Mailing Address
7508 BOUNTY AVENUE
MIAMI BEACH FL 33154
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	DS	NAME	NEJMAN, MARIAN	STREET ADDRESS	7508 BOUNTY AVE.	CITY-ST-ZIP	N. BAY VILLAGE FL	DELETE	<input type="checkbox"/>
TITLE	DP	NAME	GELLER, HELEN	STREET ADDRESS	7508 BOUNTY AVE.	CITY-ST-ZIP	N. BAY VILLAGE FL	DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		Change	Addition
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		Change	Addition
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		Change	Addition
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		Change	Addition
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED Marian Neiman April 29/2001

CR2E034 (10/97)