FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K49690** **(6)**

1. Corporation Name

HIBORN, INC.

Principal Place of Business

% CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD/1600 MIAMI CENTER
MIAMI FL 33131

Mailing Address

% CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD/1600 MIAMI CENTER
MIAMI FL 33131

3. Date Incorporated or Qualified: **12/06/1988**

3a. Date of Last Report: **02/08/1995**

4. FEI Number: **65-0086889**

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 Unitary Tax under s. 199.032, Florida Statutes: ☒ 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

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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 Section 617.0502, Florida Statutes, the alteration of the corporation's registered office or registered agent, or both, in the State of Florida shall be 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 617.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SIGNORINI, ALBERTO	
STREET ADDRESS	1500 EDWARD BALL BLDG	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change	☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	☐ Change	☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	☐ Change	☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	☐ Change	☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	☐ Change	☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	☐ Change	☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, accurate and complete. I am a director or officer (or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; or the authorized representative of a member or manager as required by Chapter 608, Florida Statutes; or the person authorized to execute limited partnership reports as required by Chapter 620, Florida Statutes) and that my name appears in Block 12 or Block 13 with an asterisk (*) or in an attachment with an asterisk.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

305-251-2800