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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K72393** (7)
1. Corporation Name
HIALEAH GARDENS PCC, INC.

Principal Place of Business: **3772 W 12 AVE HIALEAH FL 33012**
Mailing Address: **3772 W 12 AVE HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 03/13/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0118966	Applied For Not Applicable
5. Certificate of Status Listed <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for delinquency for under \$ 199.00? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 3817 W. Flagler St. <small>State Apt # etc.</small>	26. 3817 W. Flagler St. <small>State Apt # etc.</small>
22. Miami FL 33134 <small>City & State</small>	27. Miami FL 33134 <small>City & State</small>
23. Miami FL 33134 <small>City County</small>	28. Miami FL 33134 <small>City County</small>
24. MIAMI	29. MIAMI
25. FL	30. FL

9. Name and Address of Current Registered Agent

**ROVETA, NATALIO
3817 W. FLAGLER ST.
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81. Name

82. Street Address, if O. Box Number, if Not Applicable

83.

84. City, **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 219.02 and 220.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office as required by said sections of 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 hereby authorized to accept the appointment as set forth in Sections 219.02 and 220.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ALTERNATE REGISTERED AGENTS
<p>NAME: D ROVETA, NATALIO</p> <p>STREET ADDRESS: 3817 W. FLAGLER ST.</p> <p>CITY: MIAMI FL 33134</p>	<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>
<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>	<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>
<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>	<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>
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<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>	<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>
<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>	<p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____</p>

14. I hereby certify that the information supplied with this filing is complete, correct and true, but the exceptions stated in Sections 219.02 and 220.02, Florida Statutes. I further certify that the information filed on the annual report or supplemental annual report is true and correct and that my signature and the signature of each officer or director on the report are in compliance with the provisions of Sections 219.02 and 220.02, Florida Statutes.

SIGNATURE: **Natalio D roveta**

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR