

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

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97 AUG -4 PM 2: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K90305
1. Corporation Name
HEAT MOTORS CORPORATION

Principal Place of Business: **1917 Palm Avenue Hialeah, Florida 33010**
Mailing Address: **1917 Palm Avenue Hialeah, Florida 33010**

REINSTATEMENT 91-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5/23/1989	3a. Date of Last Report 3/27/1990
21	22	23	24	4. FEI Number 65-0124566	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.		6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Liliana M. Somoano 2553 N.W. 20th Street Miami, Florida 33125				81 Name	Luis M. Somoano		
				82 Street Address (P.O. Box Number is Not Acceptable)	1917 Palm Avenue		
				83			
				84 City	Hialeah	85 Zip Code	FL 33010

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: Luis M. Somoano DATE: 8/7/1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/T/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900002261009--2			
NAME	Somoano, Luis M.	1.2 NAME		-08/07/97--01096--008			
STREET ADDRESS	1917 Palm Avenue	1.3 STREET ADDRESS		***1636.25 ***1636.25			
CITY-ST-ZIP	Hialeah, Florida 33010	1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Somoano, Liliana M.	2.2 NAME					
STREET ADDRESS	1917 Palm Avenue	2.3 STREET ADDRESS					
CITY-ST-ZIP	Hialeah, Florida 33010	2.4 CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Conde, Jorge	3.2 NAME					
STREET ADDRESS	2553 N.W. 20th Street	3.3 STREET ADDRESS					
CITY-ST-ZIP	Miami, Florida 33125	3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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: Luis M. Somoano DATE: 8/1/1997
Signature and typed or printed name of signing officer or director (305) 884-2700

CR2E034 (9/96)