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

**PROFIT** CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K90305

HEAT MOTORS CORPORATION

APPROVEU AND

97 AUG -4 PM 2: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA

8/1/1997 (305) 884-2700

Principal Place of Business	Mailing Address		The part of the pa	lends as as social.
1917 Palm Avenue	1917 Palm Av	venue	REINSTATEM	FNTa, 60
Hialeah, Florida 33010	Hialeah, Flo	orida 33010		to the same of the
			3. Date Incorporated or Qualified	3a. Date of Last Report
			5/23/1989	3/27/1990
2. Principal Place of Business	2a. Mailing Address	· <del></del> -	4, FEI Number	Applied For
21	26		65-0124566	Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5,00 May Be
Zip Country	28 Zip	Country	This corporation has liability for it	
24 25	<del></del>	30	` -	Yes No
9. Name and Address of Curren			10. Name and Address of New Re-	
Liliana M. Somoano		81 Name	Luis M. Somoano	
2553 N.W. 20th Street		82 Street Add	dress (P.O. Box Number is Not Acceptab	(e)
Miami, Florida 33125			dress (P.O. Box Number is Not Accepteb 1917 Pålm Avenue	
MIAMI, FIOLIDA 33123		83		
		84 City		B5 Zip Code
			<u> Hialeah</u>	<b>FL</b> ] 33010
11. Pursuant to the province of Sections 607.050 office or registered event, or both in the State	2 and 607,1508, Florida Statute of Florida, Such change was a	es, the above-named con authorized by the corpora	rporation submits this statement for the pr ation's board of directors. I hereby accep	rpose of changing its registered.
office or registered eacht, or both, in the State agent. I am familiar Aith, and accept the obligations are stated as a second to be stated as a second to be sec	ations of Section 607,0505, Flo			1
SIGNATURE		LUIS M. S	OMOANO	8/7/1997
5locature, typed by profest name of resigned age 12. OFFICERS ANI		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE
TITLE P/T/D	DELETE	1.1 TITLE	ADDITIONO/OTIANGEO TO OTTAC	Change Addition
NAME Somoano, Luis M.	<del></del>	1.2 NAME	وحدر وندن وندن وندن وندن وندن	<u> </u>
STREET ADDRESS 1917 Palm Avenue		1.3 STREET ADDRESS	300006	<b>61009</b> —2
CITY-ST-71P Hialeah, Florida		14 CITY-ST-ZIP	***163E	. <u>.25 **</u> *1636.25
TITLE S	DELETE	2 1 TITLE		Change Addition
NAME Somoano, Liliana	М.	2.2 NAME		1
STREET ADDRESS 1917 Palm Avenue	22010	2.3 STREET ADDRESS		
CIIV.SI-ZIP Hialeah, Florida		2 4 CITY - ST - ZIP		
TITLE	K) DELETE	31 TITLE		L Change L Addition
NAME Conde, Jorge	•	3 2 NAME		
STREET ADDRESS 2553 N.W. 20th		3 3 STREET ADDRESS		1
mue Miami, Florida	DELETE	3.4 CITY-ST-ZIP		C Observe C Addition
NAME	L.J OLCCIE	4 1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		4 3 STREET AUURESS		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	<b>b</b>	
CITY \$1-ZIP		5.4 CITY - ST - ZIP	male	
TITLE	☐ DELETE	6.1 TITLE	(M) of	Change Addition
NAME		6.2 NAME	<b>h</b>	
STREET ADURESS		63 STREET ADDRESS	•	
CITY-ST ZIP	THE ASS. DOCUMENT	6 4 CITY-ST-ZIP		
<ol> <li>I do hereby certify that the information supplied information adjusted on this annual report or su</li> </ol>	upplemental annual report is tru	ie and accurate and that	it my signature shall have the same legal.	effect as if made under nath: that
I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or			irt as required by Chapter 607, Florida Sta	itutes; and that my name
		ITO M GOMO	7330	1

LUIS M. SOMOANO
President
Pro NAME OF BIGNING OFFICER OR DIRECTOR