

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L43482

(3)

1. Corporation Name
HESAIR, INC.



Principal Place of Business 3174 INDIANA STREET MIAMI FL 33133 US	Mailing Address 3174 INDIANA STREET MIAMI FL 33133-4413 US
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3. Date Incorporated or Qualified 01/19/1990	3a. Date of Last Report 05/13/1996
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2. Principal Place of Business 21. 3740 SW 47th AVE State, Apt. #, etc. 22. City & State 23. HOLLYWOOD, FL Zip 24. 33023	2a. Mailing Address 26. 3740 SW 47th AVE Suite, Apt. #, etc. 27. City & State 28. HOLLYWOOD, FL Zip 29. 33023	Country US
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4. FEI Number 65-0170435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 STAFFORD, STONY 2690 S PARK RD HALLANDALE FL 33009	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
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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: _____ (NOTE: Registered Agent Signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HENDRIX, BILL	1.1 TITLE	D
NAME	3174 INDIANA STREET	1.2 NAME	RAUL de la Sierra
STREET ADDRESS	MIAMI FL 33133	1.3 STREET ADDRESS	14370 LAKE CRESCENT PL
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	MIAMI LAKES, FL 33014
TITLE	D STAFFORD, STONY	2.1 TITLE	
NAME	2690 S PARK RD	2.2 NAME	
STREET ADDRESS	HALLANDALE FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	D ECKEL, KEN	3.1 TITLE	
NAME	5080 SW 120TH AVE	3.2 NAME	
STREET ADDRESS	COOPER CITY FL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	D SIAMA, SHLOMO	4.1 TITLE	
NAME	1929 S. OAK HAVEN CIR.	4.2 NAME	
STREET ADDRESS	N. MIAMI BCH. FL	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	D SCHENKMAN, IRWIN	5.1 TITLE	
NAME	4830 SHERIDAN STREET	5.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: Ken Eckel KEN ECKEL 4/17/97 954-434-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0177476

CR2E034 (9/96)