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 # **L44590** **(2)**

1. Corporation Name

H. W. INVESTMENTS, INC.

Principal Place of Business

% HAROLD WARREN
1065 NE 125TH ST. SUITE 223
N MIAMI FL 33161

Mailing Address

% HAROLD WARREN
1065 NE 125TH ST. SUITE 223
N MIAMI FL 33161

3. Date Incorporated or Qualified: **01/24/1990**

3a. Date of Last Report: **03/15/1995**

4. FEI Number: **65-0176911** [ ] 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 intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business

21

Suite, Apt. #, etc.: 405 (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address

26

Suite, Apt. #, etc.: 405 (27)

City & State (28)

Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WARREN, HAROLD
1065 NE 125TH ST
SUITE 405
N MIAMI FL 33161

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 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: Signature, typed or printed name of registered agent and the date signed. (NOTE: Registered Agent signature is required when no other fee is due.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	WARREN, HAROLD	
STREET ADDRESS	1065 NE 125TH ST #405	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	ST	[ ] DELETE
NAME	WARREN, CYLVIA	
STREET ADDRESS	1065 NE 125TH ST #405	
CITY-ST-ZIP	N. MIAMI BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a change noted.

RHODA SKAVRONEK

SIGNATURE: 4/1/96 305 395 5813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)