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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporati	JMENT # <b>L52</b> on Name A HUGHES, INC.	653 (7)		# 1881/8/11 PDV 8/11/8 (PAIA 8/14) A	<b>an</b> 1111 - 1141 - 41511 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611 - 51611
Principal Plac	ce of Business	Mailing Address			
C/O ROBE	ERT M. MCCLASKEY JR. IGTON AVE.	C/O ROBERT M. MC 3900 IRVINGTON AVI MIAMI FL 33133	CCLASKEY JR. E.		
				3. Date Incorporated or Qualified 02/22/1990	3s. Date of Last Report 05/01/1995
21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0182593	Applied For Not Applicab
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State		5 Floring Committee	Fee Required
3		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,
*1	25 9. Name and Address of C	29 Current Registered Agent	[30]	Florida Statutes 🔲 Yes	□No
		Total Indiana Agent	81 Name	10. Name and Address of New F	Registered Agent
HUGH	es, gina				
	RVINGTON AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)
MIAMI	FL 33133		83		
			84 City		
			1. 1		FL 85 Zip Code
11. Pursuant or registe familiar w	red agent, or both, in the State of ith, and accept the obligations of,	.0502 and 607.1508, Florida Statut f Florida. Such change was authoriz , Section 607.0505, Florida Statutes	tes, the above-named corpored by the corporation's boasts.	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
tamiliar w SIGNATURE 2.	nth, and accept the obligations of, Signature, typeo or printed name of registere OFFICER.	, Section 607.0505, Florida Statutes	les, the above-named corpored by the corporation's boas.  DTE Registered Agent signature require  13.	of wher reinstating)	DATE
tamilar w SIGNATURE 12.	Signature, typeo or printed name of registers  OFFICER	, Section 607,0505, Florida Statutes o agent and the if applicable (NC	S.  DTE: Registered Agent signature require	are or onestors. Thereby accept the appoint	DATE
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11. Pursuant or registe familiar w SIGNATURE.  12. The street address of the street addr	Signature, typeo or pented name of registere OFFICER  D HUGHES, GINA 3900 IRVINGTON AVENU MIAMI FL D HUGHES, LINLEY M. 3900 IRVINGTON AVENU	, Section 607,0505, Florida Statutes of agent and the Fapphcable (NX S AND DIRECTORS DELETE  DELETE  DELETE  DELETE	T3.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	of wher reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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 one attachment with an address.

SIGNATURE:
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SIGNATURE ATTENDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305/443-5500