## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

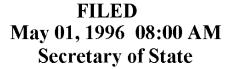
M07050 **DOCUMENT #** 

(1)

HMG CAPITAL CORP.

Principal Place of Business 2701 S. BAYSHORE DR., #PH Mailing Address

2701 S. BAYSHORE DR., #PH





COCONUT GROVE FL 33133		COCONUT GROVE FL 33133					
					3. Date Incorporated or Qualified 10/29/1984	3a. Date of La 05/01	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
		26		<b>59-2462793</b> Not Applicab		Not Applicable	
<b>→</b>		Suite, Apt. #, etc.	t #, etc.		5. Certificate of Status Desired		3.75 Additional
2		27					Fee Required
City & State		City & State			6. Election Campaign Financing		<b>5.00</b> May Be
7.0	Courte	700	Country		Trust Fund Contribution		Added to Fees
<i>Ζ</i> φ <b>4</b>	Country 25	Zιρ	30		8. This corporation has liability for Florida Statutes Yes	Intangible tax tind	iers 199.032,
*	9. Name and Address of Current	·	_1301		10. Name and Address of New F	and the second section of the second	t
	<u> </u>		81	Name			<u> </u>
ротрет	EIN LAWDENCE						
ROTHSTEIN, LAWRENCE 2701 S. BAYSHORE DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)	
COCONUT GROVE FL 33133			83		<del></del>		
COCON	OF GROVE PL 33133						
			84	City		E4 85	Zip Code
11 Purcuant to	the provisions of Sections 607.0500	and 607 1508 Florida Statut	tes the above	named cores	ration submits this statement for the pu	vose of changing	I its registered office
SIGNATURE	Stignature: typical or printed name of eggs 75-55 agest a	व्यक्तिक विद्यासी स्थापन स	TIF Hagistere I Age	itsgraf minerpro-	ed vistainine a state g	DAIE	
12.	OFFICERS AND		13.		ADDITIONS CHANGES TO OFF		
THLE	DP	DETELE	1.11ms			☐ Cn	ange 🔲 Addition
NAME	WIENER, MAURICE		1.2 NAME				
STREET ADDRESS	2701 S. BAYSHORE DRIVE		1.3 \$*REH	I ADORESS			
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY - 1	\$1 - ZIF			
TITLE	DVP	DEFE1E	2 1 TITLE			[☐ Ch	ange 🔲 Addition
NAME	ROTHSTEIN, LAWRENCE		2.2 NAME				
STREET ADDRESS	2701 S. BAYSHORE DRIVE		2 3 STREE	LADDRESS.			
CITY - ST - ZIP	COCONUT GROVE FL		2.4 C/TY -	S1-ZIP			
TITLE	DVP	☐ DELETE	3 1 TITLE			Ch	ange 🔲 Addition
NAME	GRAY, LEE		3.2 NAME				
STREET ADDRESS	2701 S BAYSHORE DR.		33 STREE	T ADDRESS			
CITY-ST ZIP	COCONUT GROVES FL		34611	ST - ZiP			
TITLE	VSC	DELETE	4 1 TI*LE			[☐ Ch	ange 🔲 Addition
NAME	CAMAROTTI, CARLOS		4.2 NAME				
STREET ADDRESS	2701 S BAYSHORE DR		4.3 STHEE	T ADDRESS			
CITY - ST - ZIP	COCONUT GROVE FL		4.4 CHTY -	ST-ZIP	, <u></u>		
THILE	AS	☐ DELETE	5 1 101.0			☐ Ch	ange 🔲 Addition
NAME	CRANK, KEITH W		5.2 NAME				
STREET ADDRESS	2701 S BAYSHORE DR		5.3 STREE	T ADDRESS			
CITY - ST - ZIP	COCONUT GROVE FL		5 4 CITY			<u>.</u>	
TITLE		☐ DELETE	6 1 TITLE			Cn	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREE	LADDRESS			
CITY - ST - ZIP			6.4 CITY -	S1 - ZIF			
	e certify that the information supplied w	ith this filmer is vocuntarily for	nished and doc	es not ciualify	for the exemption stated in Section 119	OZ(3)(k) Ejorida :	Statutes I further

certify that the information indicated on this annual report or supplemental and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signalure 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: