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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M23398** (4)

1. Corporation Name  
**G.H.E. CORP.**

Principal Place of Business: **1435 W. 49TH PLACE STE. 403 HIALEAH FL 33012**  
Mailing Address: **1435 W. 49TH PLACE STE. 403 HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date incorporated or qualified<br><b>11/14/1985</b>   | 3a. Date of Last Report<br><b>08/08/1994</b> |
| 4. FIC Number<br><b>59-2615803</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of State (Desired) <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under 19-100, 300 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State Apt # etc            | 26. State Apt # etc |
| 22. City & State               | 27. City & State    |
| 24. Zip                        | 25. Zip             |
| 29. Zip                        | 30. Zip             |

9. Name and Address of Current Registered Agent

**PENA, GUILLERMO A., M.D.  
1435 W. 49TH PLACE  
SUITE #403  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

|          |  |          |           |              |
|----------|--|----------|-----------|--------------|
| B1. Name | B2. Street Address (P.O. Box Number or Not Applicable) | B3. City | B4. State | B5. Zip Code |
|          |  |          | <b>FL</b> |              |

11. I, the undersigned, the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as specified in part 1 of part 10 of the Florida Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident and accept the obligations of the terms of 19-100 Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS |   |
|----------------------------|---|--|---|
| NAME                       | <b>C<br/>PENA, GUILLERMO A.<br/>1435 W. 49TH PLACE<br/>HIALEAH FL</b> | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | <b>S<br/>PENA, HOPE E.<br/>1435 W. 49TH PLACE<br/>HIALEAH FL</b>      | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        |   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 19-072.006, Florida Statutes. I further certify that the information indicated on this annual report is supplemented and updated as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or a director of the corporation. I have consented to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am a resident and accept the obligations of the terms of 19-100 Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/1/95 (305) 362-4666