

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

APPROVED AND FILED
95 MAY -1 PH 5: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Montnam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M25088 (9)

1. Corporation Name
HIALEAH MARINE & AWNINGS INC.
HIALEAH MARINE, INC.

Principal Place of Business: 645 EAST OKEECHOBEE ROAD HIALEAH FL 33010
 Mailing Address: 645 EAST OKEECHOBEE ROAD HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1985**
 3a. Date of Last Report: **03/08/1994**
 4. FEI Number: **59-2619088**
 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**
 6. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

9. Name and Address of Current Registered Agent
IBANEZ, RAUL
645 E. OKEECHOBEE RD.
HIALEAH FL 33010

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **2/4/95** (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBANEZ, RAUL	1.2 NAME	
STREET ADDRESS	645 E. OKEECHOBEE RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	500001481525
CITY, ST, ZIP		2.4 CITY, ST, ZIP	-05/09/95--01129--006
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	***200.00
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this form, or as an attachment with an address.

SIGNATURE: *[Signature]* **2-5-95** (DATE)
 SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VPY-4812** (OFFICER OR DIRECTOR)