

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M40314 (0)
1. Corporation Name
H.M.B.C. CORP.



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| Principal Place of Business 260 CRANDON BLVD. STE. 13 KEY BISCAIYNE FL 33149 US | Mailing Address P. O. BOX 658 KEY BISCAIYNE FL 33149 US |
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|--------------------------------|-----------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/21/1986 | 3a. Date of Last Report 09/11/1995 |
| 21. Suite, Apt #, etc | 26. Suite, Apt #, etc | 4. FEI Number 65-0164399 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent BEDOYA, DENISE 1111 CRANDON BLVD. STE. E-1006 KEY BISCAIYNE FL 33149 | 10. Name and Address of New Registered Agent 81. Name Bedoya, Denisse 82. Street Address (P.O. Box Number is Not Acceptable) 260 Crandon Blvd. #13 83. City Key Biscayne 84. State FL 85. Zip Code 33149 |
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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]* DATE: **Aug 2 96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | DELETE <input type="checkbox"/> | 1.1 TITLE D. | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME BEDOYA, DENISE | | 1.2 NAME Bedoya, Denisse | |
| STREET ADDRESS 420 MASHTA DR. | | 1.3 STREET ADDRESS 260 Crandon Blvd. #13 | |
| CITY-ST-ZIP KEY BISCAIYNE FL | | 1.4 CITY-ST-ZIP Key Biscayne, FL 33149 | |
| TITLE D | DELETE <input type="checkbox"/> | 2.1 TITLE D | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME BEDOYA, SEBASTIAN | | 2.2 NAME Sebastian, Bedoya | |
| STREET ADDRESS 1111 CRANDON BLVD., STE. E-1006 | | 2.3 STREET ADDRESS 260 Crandon Blvd. #13 | |
| CITY-ST-ZIP KEY BISCAIYNE FL 33149 | | 2.4 CITY-ST-ZIP Key Biscayne, FL 33149 | |
| TITLE | DELETE <input type="checkbox"/> | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | DELETE <input type="checkbox"/> | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **Aug 2 96** (309) 365-0545

CR2E034 (3/96)