

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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M43047 (3)**

1. Corporation Name  
**HEUMAR CORP.**



Principal Place of Business <del>1038 SW 22ND ST</del> <b>P. O. BOX 142043</b> <b>CORAL GABLES FL 33114-9043</b>	Mailing Address <b>P.O. BOX 142043</b> <b>P. O. BOX 142043</b> <b>CORAL GABLES FL 33114-2043</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21 1170 SW 18th Street</b> Suite, Apt. #, etc. - - <b>22</b> City & State <b>23 Miami, FL</b> Zip <b>33129-</b> Country <b>24 2536</b> <b>25 DADE</b>	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>SAME</b> <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	<b>3. Date Incorporated or Qualified</b> <b>12/11/1986</b> <b>3a. Date of Last Report</b> <b>04/17/1995</b> <b>4. FEI Number</b> <b>59-2744779</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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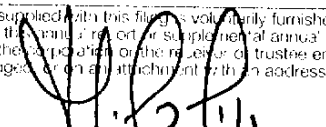
<b>9. Name and Address of Current Registered Agent</b> <b>FARRES, E.J.</b> <del>1038 SW 22ND ST</del> <del>MIAMI FL 33129-9744</del> <b>1170 SW 18th Street</b> <b>Miami, FL 33129-2536</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>CASALONGA, MIGUEL</b> <del>1038 SW 22ND ST</del> <b>1170 SW 18th Street</b> <b>MIAMI FL 33129-2536</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

**SIGNATURE:**  **M. Casalonga** **04-01-96** **(305)858-7444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)