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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **M43047** **(3)**

1. Corporation Name
HEUMAR CORP.

Principal Place of Business
1038 SW 22ND ST. MIAMI, FL 33129-2714
MIAMI FL 33129-2583
US

Mailing Address
P.O. BOX 142043
P. O. BOX 142-043
CORAL GABLES FL 33114-2043
US

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-2744779 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FARRES, E.J.
1170 SW 18TH STREET
MIAMI FL 33129

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASALONGA, MIGUEL
STREET ADDRESS	1170 SW 18TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	PINEDA, RICARDO L.
STREET ADDRESS	Torre Phelpa-Piso 13
CITY-ST-ZIP	Caracas, Venezuela

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — blank; ☐ Change ☐ Addition; ☐ DELETE)

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miguel Casalonga 3/19/97 (305)8587444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #