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Mar 31 1997 8:00am
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

FARRES, E.J.
1170 SW 18TH STREET
MIAMI FL 33129

3. Date Incorporated or Qualified
12/11/1986

3a. Date of Last Report
04/10/1996

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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

(Signature of the person making this report)

(Print Name of Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD CASALONGA, MIGUEL
12.2 STREET ADDRESS 1170 SW 18TH STREET
12.3 CITY-STATE-ZIP MIAMI FL
12.4 NAME VD PINEDA, RICARDO L.
12.5 STREET ADDRESS Torre Phelpa-Piso 13
12.6 CITY-STATE-ZIP Caracas, Venezuela
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY-STATE-ZIP
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP
12.16 NAME
12.17 STREET ADDRESS
12.18 CITY-STATE-ZIP
12.19 NAME
12.20 STREET ADDRESS
12.21 CITY-STATE-ZIP
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-STATE-ZIP
12.25 NAME
12.26 STREET ADDRESS
12.27 CITY-STATE-ZIP
12.28 NAME
12.29 STREET ADDRESS
12.30 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP
13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP
13.25 TITLE ☐ Change ☐ Addition
13.26 NAME
13.27 STREET ADDRESS
13.28 CITY-STATE-ZIP
13.29 TITLE ☐ Change ☐ Addition
13.30 NAME
13.31 STREET ADDRESS
13.32 CITY-STATE-ZIP

14. I, the undersigned, certify that the information furnished 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Casalonga

3/19/97 (205) 8587444

CR2E034 (9/96)