FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # **P08290** **(9)**

1. Corporation Name
HEMATITE INVESTMENTS, INC.

Principal Place of Business
%B. MACKAY BROWN, ESQUIRE
SUITE 100, 7100 N. KENDALL DRIVE
MIAMI FL 33156

Mailing Address
%B. MACKAY BROWN, ESQUIRE
SUITE 100, 7100 N. KENDALL DRIVE
MIAMI FL 33156

3. Date Incorporated or Qualified: **12/05/1985**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1850982** [ ] 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. Is the corporation liable 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 24 County 25

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

9. Name and Address of Current Registered Agent
BROWN, B. MACKAY
SUITE 100
7100 N. KENDALL DRIVE
MIAMI FL 33156

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 Section 607.0501, Florida Statutes, the undersigned corporation adopts the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any net effect of the appointment of a registered agent I am familiar with and accept the obligations of the position of registered agent.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SANZ,JOSEPH A.	
STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 1700	
CITY, ST, ZIP	MIAMI FL	
TITLE	VS	[ ] DELETE
NAME	BROWN, B. MACKAY	
STREET ADDRESS	7100 N. KENDALL DR	
CITY, ST, ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I DEC[illegible] certify that the [illegible] Florida Statutes. I further certify that the information [illegible] Section 607.0501, Florida Statutes, and that my name appears in Block 12 or Block 13 [illegible]

SIGNATURE: [illegible], President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 305-670-8400

CR2E034 (12/95)