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**Apr 29 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 # P92000004356 (1)

1. Corporation Name
HEEDFUL FLORIDA, INC.



Principal Place of Business
**4131 LAGUNA ST
CORAL GABLES FL 33146**

Mailing Address
**4131 LAGUNA ST
CORAL GABLES FL 33148-1408**

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
06/06/1996

4. FEI Number
98-0129142

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

**BASCUAS, ERNESTO
% INTERVEST INVESTMENT GROUP
4131 LAGUNA ST
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name
Katerina Velikopoljski

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

83. **8230 SW 62 Ct**

84. City
Miami

85. Zip Code
FL 33143

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: *Katerina Velikopoljski* (prior agent passed away) **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPTS PINASCO, GINO**

STREET ADDRESS **4131 LAGUNA ST**

CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE DELETE

NAME **VAS BASCUAS, ERNESTO**

STREET ADDRESS **4131 LAGUNA ST**

CITY-ST-ZIP **CORAL GABLES FL 33146**

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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **VAS**

2.1 TITLE Change Addition

2.2 NAME **Katerina Velikopoljski**

2.3 STREET ADDRESS **8230 SW 62 Ct**

2.4 CITY-ST-ZIP **Miami, FL 33143**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *[Signature]* **Pinasco** **4/22/97** **(305) 662-4123**

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/96)