

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

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APPROVED AND FILED

MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Matheson  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # **P93000055590 (2)**

HVEA INTERNATIONAL, INC.

2. Mailing Address of Registered Agent  
**9562 DORAL BLVD.  
MIAMI FL 33178**

21. State App. # of	22. State App. # of	23. City & State	24. City	25. County	26. Mailing Address	27. State App. # of	28. City & State	29. City	30. County
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/06/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FIC Number <b>65-0465148</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 196.020 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COOPER, WILLIAM J  
9562 DORAL BLVD.  
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.020 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME <b>D KURUCZ, CHARLES N</b>	12.2 STREET ADDRESS <b>9562 DORAL BLVD. MIAMI FL 33178</b>	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME <b>D COOPER, WILLIAM J</b>	12.2 STREET ADDRESS <b>9562 DORAL BLVD. MIAMI FL 33178</b>	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME <b>D WAITE, THOMAS D</b>	12.2 STREET ADDRESS <b>9562 DORAL BLVD. MIAMI FL 33178</b>	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME	12.2 STREET ADDRESS	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12.1 NAME	12.2 STREET ADDRESS	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 NAME	12.2 STREET ADDRESS	13.1 NAME	<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 Sections 191.020, 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 at the time of filing this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or its supplemental report.

SIGNATURE: *William J. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X5/3/95 X305-993-5330