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FILED  
May 02 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 # P93000061160 (6)

1. Corporation Name

HEIGA USA, INC.

Principal Place of Business

4507 N.W. 103 AVE.  
UNIT 502  
SUNRISE FL 33351  
US

Mailing Address

4507 N.W. 103 AVE.  
SUITE 226  
SUNRISE FL 33351-7082  
US



2. Principal Place of Business

21 4501 NW 103 AVE

Suite, Apt. #, etc.

22 SUITE 102

City & State

23 SUNRISE FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 4501 NW 103 AVE

Suite, Apt. #, etc.

27 SUITE 102

City & State

28 SUNRISE FL

Zip

29 33351

Country

30 USA

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

04/10/1996

4. FEI Number

65-0434677

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

IMBERNON, JOSE  
4507 N.W. 103 AVE.  
SUITE 226  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

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

4501 NW 103 AVE

83

SUITE 102

84

SUNRISE

FL

85 Zip Code

33351

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-23-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME IMBERNON, JOSE M.  
STREET ADDRESS 4507 N.W. 103 AVE.  
CITY-ST-ZIP SUNRISE FL

TITLE VS ☐ DELETE

NAME ALCALA, JHON  
STREET ADDRESS 4507 N.W. 103 AVE.  
CITY-ST-ZIP SUNRISE 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4501 NW 103 AVE  
SUNRISE FL 33351

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

4501 NW 103 AVE  
SUNRISE, FL 33351

2.4 CITY-ST-ZIP

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, and an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-97

CR2E034 (9/96)