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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENE STATE

Sandra B. Morim

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Apr 28 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Secretary of St DIVISION OF CORPOTIONS

DOCUMENT # F

P93000085924 (7)

Mailing Address

4761 N. ANDREWS AVE.

FT. LAUDERDALE FL 33309

HES GROUP INC.

Principal Place of Business

FT. LAUDERDALE FL 33334

4746 NE 12TH AVE

12/13/1993 Applied For 4. FEI Number 2. Principal Place of Business 29. Mailing Address Not Applicable 65-0456574 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 6. This corporation owes or has paid the current year Intangible Ζip try Yes Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAGANA, ANTHONY R Street Address (P.O. Box Number is Not Acceptable) 4761 N. ANDREWS AVE. FT. LAUDERDALE FL 33309 85 Zip Code 64 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the pove-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 Stutes. SIGNATURE Signature, typod or printed name of registered agent and title it applicable (NOTE: Register) Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 11 (14 TITLE LAGANA, ANTHONY 1.2 NME NAME 4761 N. ANDREWS AVE. 1.3 SREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 1.4 OTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 11LE TITLE NAME 2.2 MME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TTLE TITLE 3.2 MAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition DELETE TITLE 6.1 TITLE 62 NAME NAME TREET ADDRESS STREET ADDRESS fY-ST-ZIP CITY-ST-ZIP imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information i that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the record or trustee empowered to execute Block 12 or Block 13 if changing or on an approximent with an address.