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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000088129 (0)**

1. Corporation Name

HECHAVARRIA GLOBAL CORPORATION



Principal Place of Business

Mailing Address

**7681 WEST 15TH COURT
HIALEAH FL 33014**

**7681 WEST 15TH COURT
HIALEAH FL 33014**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HECHAVARRIA, CARLOS
7681 WEST 15TH COURT
HIALEAH FL 33014**

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 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

Signature of president or other officer authorized to sign

DATE Registered Agent signature required when stating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE DELETE

11.1 TITLE Change Addition

NAME: **PD
HECHAVARRIA, CARLOS**
STREET ADDRESS: **7681 WEST 15TH COURT**
CITY, ST, ZIP: **HIALEAH FL 33014**

12 NAME
13 STREET ADDRESS

TITLE: **VD** DELETE

14 CITY, ST, ZIP Change Addition

NAME: **HECHAVARRIA, ODALYS**
STREET ADDRESS: **7681 WEST 15TH COURT**
CITY, ST, ZIP: **HIALEAH FL 33014**

15.1 TITLE
16.2 NAME
17.3 STREET ADDRESS

TITLE: DELETE

24 CITY, ST, ZIP Change Addition

NAME: DELETE

31.2 NAME
32.3 STREET ADDRESS

TITLE: DELETE

34 CITY, ST, ZIP Change Addition

NAME: DELETE

41.1 TITLE
42 NAME
43 STREET ADDRESS

TITLE: DELETE

44 CITY, ST, ZIP Change Addition

NAME: DELETE

51.2 NAME
52.3 STREET ADDRESS

TITLE: DELETE

54 CITY, ST, ZIP Change Addition

NAME: DELETE

61.1 TITLE
62 NAME
63 STREET ADDRESS

TITLE: DELETE

64 CITY, ST, ZIP Change Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Carlos Hechavarría

CARLOS HECHAVARRIA

PRESIDENT

1-20-96 (305) 364-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/PHONE #

CR2E034 (12/95)