

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

APPROVED
AND
FILED

95 APR -7 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001693 (8)

H. M. A. ASSOCIATES, INC.

8151 SW 90TH AVE.
SUITE 101
MIAMI FL 33173

8151 SW 90TH AVE.
SUITE 101
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Formation	3a. Date of Last Report
12/28/1993	04/20/1994
4. FIC Number	Applied For
65-0462894	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Street Address	26. Street Address
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County

9. Name and Address of Current Registered Agent

MEYER, HENRY W
8151 SW 90TH AVE.
SUITE 101
MIAMI FL 33173

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0407 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 am in compliance with Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Agent or Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. NAME	D MEYER, HENRY W	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	8151 SW 90TH AVE., SUITE 101	2. STREET ADDRESS	
3. CITY & STATE	MIAMI FL 33173	3. CITY & STATE	☐ Change ☐ Addition
4. NAME	D MEYER, BRENDA N	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	8151 SW 90TH AVE., SUITE 101	5. STREET ADDRESS	
6. CITY & STATE	MIAMI FL 33173	6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY & STATE		21. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.041, Florida Statutes. I further certify that the information is correct in the original report or supplemental annual report, 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 liquidator appointed to receive and liquidate the report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report or supplemental annual report with an address.

SIGNATURE: *BRENDA N. MEYER* *Brenda N. Meyer* 2/10/95 (305) 274-7417