

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara A. Murrain
Tallahassee, Florida
3900 North West Highway

**APPROVED
AND
FILED**

95 APR -7 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001693 (8)**

H. M. A. ASSOCIATES, INC.

Principal Office: 8151 SW 90TH AVE. SUITE 101 MIAMI FL 33173
Mailing Office: 8151 SW 90TH AVE. SUITE 101 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation / Change: 12/28/1993	3a. Date of Last Report: 04/20/1994
4. FIC Number: 65-0462894	Approved For: Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under § 199.032 Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office: 8151 SW 90TH AVE. SUITE 101 MIAMI FL 33173	26. Mailing Address: 8151 SW 90TH AVE. SUITE 101 MIAMI FL 33173
22. State: FL	27. State: FL
23. City: MIAMI	28. City: MIAMI
24. Zip: 33173	29. Zip: 33173
25. County: MIAMI	30. County: MIAMI

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEYER, HENRY W 8151 SW 90TH AVE. SUITE 101 MIAMI FL 33173		81. Name:	
		82. Street Address (P.O. Box Number is Not Acceptable):	
		83. City:	
		84. State: FL	85. Zip Code:

11. Pursuant to the provisions of Sections 607 (c)(4) and 607 (1)(b), 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 of the state of, Section 607 (060), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADVERTISING CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME: D MEYER, HENRY W	12.2 STREET ADDRESS: 8151 SW 90TH AVE., SUITE 101 MIAMI FL 33173	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: D MEYER, BRENDA N	12.4 STREET ADDRESS: 8151 SW 90TH AVE., SUITE 101 MIAMI FL 33173	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing, which duly furnished and filed, and equally for the corporation stated in Section 199.032 Florida Statutes. I further certify that the information is correct in the annual 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 available for the production of the records of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on the list of Block 1 City Council members on an official record with an address.

SIGNATURE: **BRENDA N. MEYER** *Brenda N Meyer 2/10/95 (305) 274-7417*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR