

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

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95 APR 27 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Livingston Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000044020 (3)**

1. Corporation Name
HEADS - UP, INC.

Principal Place of Business 20300 N.W. 2ND ST. PEMBROKE PINES FL 33029	Mailing Address 20300 N.W. 2ND ST. PEMBROKE PINES FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1994		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-050-5546		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under Ch. 199, 202, Florida Statutes ☐ Yes ☒ No			

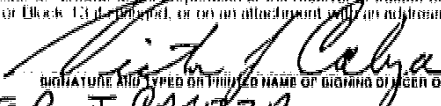
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CABEZA, VICTOR 20300 N.W. 2ND AVE. PEMBROKE PINES FL 33029				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				05 Zip Code			

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 registered agent or registered agent in lieu of registered agent)
DATE _____ (Date of signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	01 OTO	11 TITLE	☐ Change ☐ Addition
NAME	CABEZA, VICTOR J	12 NAME	
STREET ADDRESS	20300 N.W. 2ND ST.	13 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL 33029	14 CITY, ST, ZIP	
TITLE	02 SVD	21 TITLE	☐ Change ☐ Addition
NAME	CABEZA, MARGARET	22 NAME	
STREET ADDRESS	20300 N.W. 2ND ST.	23 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL 33029	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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

SIGNATURE: 
VICTOR J. CABEZA
DATE: **4/24/95**
FILE NO: **305 430-7792**