

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044229 (0)**

1. Corporation Name  
**HERE TO STAY, INC.**

Principal Place of Business Mailing Address  
**465 NW 88TH TER MIAMI FL 33150** **465 NW 88TH TER MIAMI FL 33150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/15/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0524374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under C. 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>BOCCARD, USA 465 NW 88TH TER MIAMI FL 33150</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, typed or printed name of registered agent and date of registration) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY - ST - ZIP	4. CITY - ST - ZIP		
TITLE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY - ST - ZIP	24. CITY - ST - ZIP		
TITLE	31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	32. NAME		
STREET ADDRESS	33. STREET ADDRESS		
CITY - ST - ZIP	34. CITY - ST - ZIP		
TITLE	41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	42. NAME		
STREET ADDRESS	43. STREET ADDRESS		
CITY - ST - ZIP	44. CITY - ST - ZIP		
TITLE	51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY - ST - ZIP	54. CITY - ST - ZIP		
TITLE	61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 stated in Section 110.07(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 or changed or so in an attachment with an address.

SIGNATURE: *Lisa D. Boccand* - Lisa D. Boccand (P) April 25, 1995 (305) 891-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR