

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000044229 (0)
 1. Corporation Name

HERE TO STAY, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1615 NE 105 Street	26	1615 NE 105 Street	06/15/1994	05/01/1995
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
				65-0524374	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Miami Shores, Florida	28	Miami Shores, Florida	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33138	29	Zip 33138	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 190.03? Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOCCARD, LISA 465 NW 88TH TER MIAMI FL 33150				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1615 NE 105 Street			
				83			
				84	City	FL	85 Zip Code
				Miami, 33138			

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 _____ (NOTE: Registered Agent signature required when re-registering.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	BROCCARD, LISA D.			12 NAME	Boccard, Lisa D.		
STREET ADDRESS	465 NW 88 TERRACE			13 STREET ADDRESS	1615 NE 105 Street		
CITY-ST-ZIP	MIAMI FL			14 CITY-ST-ZIP	Miami Shores, Florida 33138		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address _____

SIGNATURE: Lisa D. Boccard - Lisa D. Boccard 7-16-96 (305) 891-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)