


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000052749</b> 1. Corporation Name <b>HEISI Trading Co</b>			
Principal Place of Business <b>300 Briny Ave Pompano Beach FL 33062</b>		Mailing Address <b>300 Briny Ave Pompano Beach FL 33062</b>	
2. Principal Place of Business 21 <b>X 300 Briny Ave</b> Suite, Apt. #, etc. <b>46</b>		2a. Mailing Address 26 <b>300 Briny Ave</b> Suite Apt. #, etc. <b>46</b>	
22 <b>Pompano Beach FL</b> City & State 23 <b>33062</b> Zip		27 <b>Pompano Beach FL</b> City & State 28 <b>33062</b> Zip	
24 <b>33062</b> Country		29 <b>33062</b> Country	
9. Name and Address of Current Registered Agent <b>Heidi Tetzkewitz 300 Briny Ave #46 Pompano Beach, FL 33062</b>		10. Name and Address of New Registered Agent 81 Name <b>Heidi Tetzkewitz</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>300 Briny Ave #46</b> 83 84 City <b>Pompano Beach</b> <b>FL</b> 85 Zip Code <b>33062</b>	
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 <b>X Heidi Tetzkewitz</b> <b>X 03-17-98</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>Tetzkewitz, Siegfried</b> STREET ADDRESS <b>300 Briny Ave #46</b> CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Tetzkewitz, Siegfried</b> 1.3 STREET ADDRESS <b>300 Briny Ave #46</b> 1.4 CITY-ST-ZIP <b>X Pompano Beach, FL 33062</b>	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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 if changed, or on an attachment with an address. SIGNATURE: <b>X</b> <b>President</b> <b>3-17-98</b> <b>954 941 7200</b>			

CR2E034 (10/97)