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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000071104 (1)

1. Corporation Name  
**3 H MANAGEMENT CORPORATION**

Principal Place of Business  
**10080 SHERIDAN ST.  
SUITE 204  
PEMBROKE PINES FL 33024**

Mailing Address  
**10080 SHERIDAN ST.  
SUITE 204  
PEMBROKE PINES FL 33024-8545**



<b>2. Principal Place of Business</b> 21 <b>10000 Sheridan St</b> Suite, Apt. #, etc. <b>Suite 102</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country <b>U.S.A</b>		<b>2a. Mailing Address</b> 26 <b>10000 Sheridan St</b> Suite, Apt. #, etc. <b>Suite 102</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country <b>U.S.A</b>		<b>3. Date Incorporated or Qualified</b> <b>09/23/1994</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>65-0523989</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>HOWARD, GEORGE W</b> <b>10080 SHERIDAN ST.</b> <b>SUITE 204</b> <b>PEMBROKE PINES FL 33024</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Howard Miranda
NAME	HOWARD, MIRANDA	1.2 NAME	10000 Sheridan St. Ste 102
STREET ADDRESS	10080 SHERIDAN ST., STE. 204	1.3 STREET ADDRESS	Pembroke Pines, FL 33024
CITY - ST - ZIP	PEMBROKE PINES FL 33024	1.4 CITY - ST - ZIP	
TITLE	Vice Pres	2.1 TITLE	
NAME	Howard George W	2.2 NAME	
STREET ADDRESS	10000 Sheridan St. Ste 102	2.3 STREET ADDRESS	
CITY - ST - ZIP	Pembroke Pines FL 33024	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 amendments 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 and have received 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: Miranda Howard DATE: 4/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)