FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 APR 26 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P94000005715~~ (5) P94 0000 73548

1. Corporation Name

HUN CORP REALTY

Principal Place of Business: 940 LINCOLN RD STE 221, MIAMI BEACH, FL 33139

Mailing Address: 940 LINCOLN RD STE 221, MIAMI BEACH, FL 33139

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/4/94

3a. Federal Tax Deposit: N/A

4. FEI Number: 65-0527106 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. This fee can not be filed but Total Cost Calculation: $5.00 May Be Added to Fee.

8. This corporation has liability for adjustable fee under s. 607.1622 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

ATTILA MATYAS
940 LINCOLN RD STE 221
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	ATTILA MATYAS
STREET ADDRESS	940 LINCOLN RD STE 221
CITY ST ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP — Change / Add
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP — Change / Add
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP — Change / Add
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP — Change / Add
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP — Change / Add
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP — Change / Add

4/26/95 MS

14. I hereby certify that the information supplied with this report, substantially in the form and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall be 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 the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with the title I have specified.

SIGNATURE: President. 4/14/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE