

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000001987 (3)

1. Corporation Name
HEFTLER HOLDINGS, INC.



Principal Place of Business: **9450 SUNSET DR MIAMI FL 33173**
Mailing Address: **9450 SUNSET DR MIAMI FL 33173**

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report:
4. FEI Number: **65-0553715**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 4770 Biscayne Blvd. Suite Apt. #, etc: Penthouse G City & State: Miami, Florida Zip: 33137 Country: USA**
2a. Mailing Address: **26 4770 Biscayne Blvd. Suite Apt. #, etc: Penthouse G City & State: Miami, Florida Zip: 33137 Country: U.S.A.**

9. Name and Address of Current Registered Agent: **ROSEN, LAWRENCE N 133 SEVILLA CORAL GABLES FL 33143**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 2225 Aventura Blvd. 83 Suite 308 84 City: Aventura, Florida FL 85 Zip Code: 33180**

11. Pursuant to the provisions of Sections 607.0902 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	F/D Herbert Heftler
STREET ADDRESS		3. STREET ADDRESS	4770 Biscayne Blvd. P.H. G
CITY - ST - ZIP		4. CITY - ST - ZIP	Miami, FL. 33137
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	V/D/S Joel B. Kavin
STREET ADDRESS		23. STREET ADDRESS	4770 Biscayne Blvd. P.H. G
CITY - ST - ZIP		24. CITY - ST - ZIP	MIAMI, FL. 33137
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	V/D Roger Heftler
STREET ADDRESS		33. STREET ADDRESS	4770 Biscayne Blvd. P.H. G
CITY - ST - ZIP		34. CITY - ST - ZIP	MIAMI, FL. 33137
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	William Simpson
STREET ADDRESS		43. STREET ADDRESS	4770 Biscayne Blvd. P.H. G
CITY - ST - ZIP		44. CITY - ST - ZIP	Miami, FL. 33137
TITLE	<input type="checkbox"/> DELETE	5. 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	<input type="checkbox"/> DELETE	6. 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 119.07(3)(k), 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 deleted, and with an address.

SIGNATURE:

Joel B. Kavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel B. Kavin

6-3-96

(305) 573-5413

CR2E034 (12/95)