

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P95000004524 (1)**  
1. Corporation Name  
**H.E.H., INC.**

98 JUL 20 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2100 PARK CENTRAL BLVD N SUITE 600 POMPANO BEACH FL 33064 US</b>		Mailing Address <b>2100 PARK CENTRAL BLVD N SUITE 600 POMPANO BEACH FL 33064 US</b>	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>01/18/1995</b>		4. FEI Number <b>65-0552407</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MEDNICK, GLENN M 5200 TOWN CENTER CIRCLE SUITE 301 BOCA RATON FL 33486</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRON, HELEN</b>	1.2 NAME	<b>000002597990-1</b>
STREET ADDRESS	<b>2100 PARK CENTRAL BLVD N #600</b>	1.3 STREET ADDRESS	<b>-07/24/98-01078-017</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	<b>****158.75 ****158.75</b>
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRON, JENNIFER</b>	2.2 NAME	
STREET ADDRESS	<b>2100 PARK CENTRAL BLVD N STE 600</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRON, LAWRENCE</b>	3.2 NAME	
STREET ADDRESS	<b>2100 PARK CENTRAL BLVD NORTH #600</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. (Attach an address.)

SIGNATURE \_\_\_\_\_

CB2E034 (10/97)

20/2

**AMERI-CARIB INTERNATIONAL**  
**2100 PARK CENTRAL BOULEVARD NORTH**  
**SUITE 600**  
**POMPANO BEACH, FLORIDA 33064**  
**(954) 984-0901 / FAX (954) 984-0904**

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July 17, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: H.E.H. Inc.  
P95000004524

Dear Sir/Madam:

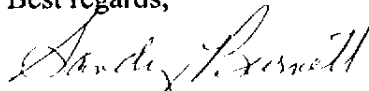
Please find enclosed the returned documents for the annual report filing which I received on today's date.

On July 1, 1998, I received your second notice for filing and contacted you on that date regarding the first filing not being received by you (The first filing was mailed on April 15, 1998). I was told to re-submit the filing along with a new check, our check #5494, for the original amount forwarded to you on April 15, 1998 (A copy of the initial filing is attached).

I received your letter dated July 13, 1998 and telephoned. As per instructed in the telephone conversation, I am again enclosing all paperwork along with our check for the filing of our annual report.

If you should need additional information, please do not hesitate to contact me.

Best regards,



Sandy Burnett  
Financial Controller