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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000055753 (4)

HEIBRO, INC.

Principal Flace of Business Mailing Address

937 MCCLEARY STREET
DELRAY BEACH FL 33483

Mailing Address

Principal Flace of Business

Mailing Address

DELRAY STREET
DELRAY BEACH FL 33483

				(3. Date Incorporated or Qualified 07/19/1995	3a. Date	of Last R	eport
Principal Plac	ce of Business	2a. Mailing Address		(z	4. FEI Number	<u>.</u>	IT	Applied For
		26		To The	65-0618371	<i>1112</i> = ,	E4	Not Applicable
Suite, Apit. #.	, etc.	Suite, Apt. #, etc.		V)	5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Z1\$1	Country 25	Zip 29	Country		8. This corporation has liability for Florida Statutes	intangible tax s \(\Boxed{\omega}\) No	under s	199.032,
	9. Name and Address of Cut	rrent Registered Agent			10. Name and Address of New	Registered A	gent	
			81	Name				
PELLEGRINI, BRUNO 937 MCCLEARY STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL 33483		83					
DEGRA	BEACH TE GOTOS		84	City		FL	85 Z	p Code
	Signification and comparison of the protection	, . ,	IL Registered Age	int signature require	ct when renstaling) ADDITIONS/CHANGES TO OF	DATE	DIBECT	DRS IN 12
?. 		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		1 Change	Addition
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	PSTD	DELETE	1. 1 TITLE			L.] Change	☐ Addition
M:	PELLEGRINI, BRUNO	ר ל מצר פו פ	1.2 NAME	r annesse		L) Change	Addition
ME BEFT ADDRESS	PELLEGRINI, BRUNO 937 MCCLEARY STREET	₩.~	1.2 NAME 1.3 STREE	I ADDRESS		L.) Change	
ME REFLADDRESS IV, ST ZIP	PELLEGRINI, BRUNO	₩.~	1.2 NAME				Change	-
ME BEFLADDRESS (Y. S.L. ZIP.) L.F.	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3	1.2 NAME 1.3 STREE 1.4 City-:					_
ME BEFLADDRESS TY SEZIZI LE	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3	1.2 NAME 1.3 STREE 1.4 City-: 2 1 Title 2 2 NAME					-
ME HEFT ADDRESS TYPSTEZIE LIF MME HIEFT ADDRESS	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 □ DELETE	1.2 NAME 1.3 STHEE 1.4 CITY-: 2 1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ST-ZIP		C] Change	Addition
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ME BELLADORESS V. ST. ZIP LLE MME BERLADORESS DEST. ZIP LLE ME LLE ME BERLADORESS DEST. ZIP LLE MME	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 □ DELETE	1.2 NAME 1.3 STHEE 1.4 CITY-: 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP I ADDRESS \$1-ZIP		C] Change	Addition
ME HELLADORESS Y SEVIE LE ME HELLADORESS DEST ZIE LE ME HELLADORESS REFLADORESS	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 □ DELETE	1.2 NAME 1.3 STHEE 1.4 C.TY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 C.TY 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP T ADDRESS ST-ZIP ET ADDRESS		C] Change	Addition
ME BELLADORESS Y SEZIP LE MME BELLADORESS DEST ZIP LEF MME REFLADORESS TYEST ZIP	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 □ DELETE	1.2 NAME 1.3 STHEE 1.4 CITY-: 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP ST ADDRESS ST-ZIP		C] Change	Addition
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ME RELLADORESS Y SEZIP LE MM RELLADORESS D SEZIP GEF ME RELLADORESS IY SEZIP UF ME	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 □ DELETE	1.2 NAME 1.3 STHEE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4 4.1 TITLE 4.2 NAME	ST-ZIP I ADDRESS S1-ZIP IT ADDRESS S1 ZIP			Change Change	Addition
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ME RELLADORESS V. SLIZIP M RELLADORESS DISTIPL ME RELLADORESS TY-SLIZIP ME RELLADORESS TY-SLIZIP ME RELLADORESS TY-SLIZIP ME RELLADORESS DISTIPL ME RELLADORESS DISTIPL ME RELLADORESS DISTIPL ME RELLADORESS	PELLEGRINI, BRUNO 937 MCCLEARY STREET	3 DELETE	1.2 NAME 1.3 STHEF 1.4 CITY- 2.1 TITLF 2.2 NAME 2.3 STREF 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREF 4.1 TITLE 4.2 NAME 4.3 STREF 4.1 TITLE 4.2 NAME 4.3 STREF 5.1 TITLE 5.2 NAME	I ADDRESS \$1-ZIP I ADDRESS ST ZIP T ADDRESS ST ZIP I ADDRESS ST-ZIP I	8000017 -03/18/9601 ***200.00		Change Change	Addition Addition
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14. Ldo hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(g)(g). Fornias Statutes, Furniar 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:

IND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/96

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