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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 22 1997 8:00am

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Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P95000078757 (8)

HRM PROPERTIES, INC.

SECRETAINS   SOURCE   SUIT A POWER   SUIT OF COMMAN FL 33198   SUIT OF											
SUITE C-105 UNAM FI, 23198 BUS SUITE C-105 UNAM FI, 23198-2159 US  2. Principal Place of Businens. 2. Mailing Address S. 4. FER Number SACCES-640 NA Applicable SQUID Suite, April 4. etc. 3. Suite April 4. etc. 3. The Enclored Controlution Address of Book Suite Present Applied to	Principal Place of Business Mailing Address							C CHAILMAN ALA LANAL MINTE ANGLIS A	1114 MAILE 4		11) (00) 100)
MAIN FL 3398		AVENUE									
US  2. Percopal Place of Business 2. Auditing Address 3. Such Apt. 4 etc. 3. Such Apt.		86									
2. Principal Place of Business   2a   Mailing Address   4. FEI Number   Applied for St-St-St-St-St-St-St-St-St-St-St-St-St-S			_								Report
Surie, Apt e, cir.  Surie, Apt e, cir.  Surie, Apt e, cir.  Surie, Apt e, cir.  Cry & State  Cry	2. Principal F	Place of Business	2a. Mailing A	ddress	····		·				polied For
27   27   28   29   29   20   29   20   29   20   20	21		26	26				A AAAA AAA			<del></del>
Process   Proc	Suite, Apt	#, etc.	Suite, Ap	t. #, etc.				5 Cortificate of Status Decire		<b>┌</b> ┐ \$8.75	Additional
26   27   28   29   30   20   30   5   10   10   10   10   10   10   10	22							V. Certificate of Status Desire	·u	Fee F	lequired
Zop   Country   Zip   Country   Zip   Country   S. This corporation has kebling for intengible as under s. 199.032, Provide Statutes   Year		te	<del>                                     </del>	ate				, ,			
9. Name and Address of Current Registered Agent  9. Name and Address of Surrent Registered Agent  MONTEL, HUGO R  3200 NW 79 AVENUE  MAMI FL 33122  11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Fords Statutine, the abbove-rearrent corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent and familiarly with over-corpit the change was authorized by the corporation submits this statement for the purpose of changing its registered agent familiarly with over-corpit the change was authorized by the corporation's board of directors. I hereby accept the exportance is an engistered agent familiarly with over-corpit the changing its registered agent familiarly with over-corpit the submits this statement for the purpose of changing its registered agent familiarly with over-corpit the submits this statement for the purpose of changing its registered agent familiarly with over-corpit the change agent agent agent specified agent	23 Zin	Country	·····		Cour	tes i	T				<del></del>
B. Name and Address of Current Registered Agent  MONTIEL, HUGO R  3200 NW 79 A VENUE MIAMI FL 33122  84 City HIAMI FL 33122  85 Street Address (P.O. Box Number) is this statement for the purpose of changing its registered agent and interest specified agent ag		<del> </del>			<del>-</del>	Lry		•			s. 199.032,
MONTIEL, HUGO R 3200 NW 79 AVENUE MIAMI FL 33122  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above named corporation whomist this statement for the purpose of changing its registered object or registered agent, or both, in the State of Florida Statules, the above named corporation whomist this statement for the purpose of changing its registered obliged or registered agent, or both, in the State of Florida Statules, the above named corporation whomist this statement for the purpose of changing its registered obliged by the corporation's board of directors. I hereby accept the appointment as registered segment and the purpose of Changing its registered obligation by the corporation's board of directors. I hereby accept the appointment as registered segment and the purpose of Changing its registered obligation of Changing Indiana Provided by the corporation's board of directors. I hereby accept the appointment as registered segment and the purpose of Changing Indiana Provided By the Corporation's board of directors. I hereby accept the appointment as registered segment and the purpose of Changing Indiana Provided By the Corporation's board of directors. I hereby accept the appointment as registered by the Corporation's board of directors. I hereby accept the appointment as registered by the Corporation's board of directors. I hereby accept the appointment as registered by the Corporation's board of directors. I hereby accept the appointment as registered by the Changing Indiana Provided By the Change Indiana Provided By the Changing Indiana Provided By the Change Indiana Provided By the Change Indiana Provided By the Change Indiana Provided By the Changing Indiana Provided By t	<u> </u>			nt	[30]						
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Signature (projected reported appear and other languages)   (NOTE Registered Appear signature required whom reinstating)   CATE		the most	ganoris or, dection c	JUT .0303, FT	onoa stato	103.				1/14/9	7
DELETE   1.1   TITLE     Change   Addition	SIGNATURE	Signature Typed in printed name of registered	agent and title if applicable.	TON)	E: Registered	Agent sig	gnature required	when reinstaling)		DATE	<i>-</i> /
MONTIEL, HUGO R 8800 SW 117 AVENUE C-105 MIAMI FL  D  D  CITY-ST-ZIP MONTIEL, HECTOR R 8800 SW 117 AVENUE C-105 MIAMI FL  D  MONTIEL, HECTOR R 8800 SW 117 AVENUE C-105  Addition MAME SIRRET ADDRESS CITY-ST-ZIP MIAMI FL  Change   Addition Addition MAMI FL  22 ANME 32 STREET ADDRESS CITY-ST-ZIP MIAMI FL  Change   Addition Addition Addition Addition Addition Addition MAME SIRRET ADDRESS CITY-ST-ZIP MIAMI FL  Change   Addition Addition Addition Addition Addition MAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CI	12.	OFFICERS A	AND DIRECTORS		13.	******	····	ADDITIONS/CHANGES TO	OFFICE	RS AND DIRECTO	RS IN 12
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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 nath, that	informatio	on indicated on this annual report o	ir supplemental annu	ial report is t	true and ac	curate	e and that n	ny signature shall have the sam	e ienal a	effect as if made ur	nder nath-that
Lam 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.	i am an d appears i	inicer or director of the corporation in Block 12 or Block 13 if changed,	or ine receiver or tru , or ori ari attachment	istee empov t with an add	verea to ex dress	ecute	inis report	as required by Chapter 607, Flo	rida Sta	itutes; and that my	name

SIGNING OFFICER OF DIRECTOR