

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088013 (4)

1. Corporation Name  
HARTFORD-CALMA COMPANY

Principal Place of Business  
800 DOUGLAS ROAD  
SUITE 530  
CORAL GABLES FL 33134-3129

Mailing Address  
800 DOUGLAS ROAD  
SUITE 530  
CORAL GABLES FL 33134-3125



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last Report 08/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1459451	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131		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 607.1508, 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

Signature, typed or printed name of registered agent and title, if applicable

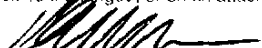
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, BRUCE D	1.2 NAME	
STREET ADDRESS	200 HOPMEADOW STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SIMBURY CT 06089	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATEGNARO, ERNESTO	2.2 NAME	
STREET ADDRESS	APARTADO 2150	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERZANO, ORLANDO	3.2 NAME	
STREET ADDRESS	800 DOUGLAS ROAD SUITE 530	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134-3129	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODELL, LEONARDO E	4.2 NAME	
STREET ADDRESS	200 HOPMEADOW STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SIMBURY CT 06089	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLAS, F. ALFREDO	5.2 NAME	
STREET ADDRESS	848 BRICKELL AVE PENTHOUSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE		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 do 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, or on an attachment with an address.

SIGNATURE:

 BRUCE D. GARDNER

4-7-97 860-843-8810

CR2E034 (9/96)