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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001021 (0)

1. Corporation Name

~~FMI CORPORATION~~

HURST CORPORATION

Name changed as of 12/2/96
(see attached)



Principal Place of Business

200 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131-2310

3. Date Incorporated or Qualified

01/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 5660 N.W. 35 Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

Zip

24 33142

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 Same

City & State

28

Zip

29

Country

30

4. FEI Number

65-0636319

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

CUADRADO, MANUEL A
200 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Jose L. Garcia

82 Street Address (P.O. Box Number is Not Acceptable)

5660 N.W. 35 Avenue

83

84 City

Miami

FL

85 Zip Code

33142

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

1/27/97

Signature of current or former name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD ☒ DELETE
NAME CUADRADO, MANUEL A
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. SUITE 800
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Jose Luis Garcia
1.3 STREET ADDRESS 14454 S.W. 84 Street
1.4 CITY-ST-ZIP Miami, FL 33183

2.1 TITLE VP/Secretary/Treasurer ☒ Change ☐ Addition
2.2 NAME Ivonne D. Garcia
2.3 STREET ADDRESS 14454 S.W. 84 Street
2.4 CITY-ST-ZIP Miami, FL 33183

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 reports 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:

[Signature] JOSE L. GARCIA

1/27/97

305/633-3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)