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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

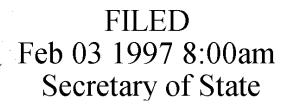
Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001021 (0)

FIMI CORPORATION HURST CORPORATION

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





тинстра тасе	e or business	waning Address					
200 SOUTH BISCAYNE BLVD. SUITE 800 MIAMI FL 33131		SUITE 800	200 SOUTH BISCAYNE BLVD. SUITE 800 MIAMI FL 33131-2310				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3. Date Incorporated or Qualified 01/04/1996	3a. Date of Las	t Report
	lace of Business	2a. Mailing Address		·	4. FEI Number		Applied For
	N.W. 35 Avenue	26 Same			65-0636319		Not Applicable
Suite, Apt	#, etc	Surte, Apt. #, etc. 27 Same			5. Certificate of Status Desired	4	5 Additional Required
City & State 23 Miami	, Florida	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip 24 33142	Country 25 USA	Zip <b>29</b>	Countr 30	у	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes  No	r s. 199.032,
	9. Name and Address of Curr				10. Name and Address of New Reg		
200 Sun Miai	DRADO, MANUEL A SOUTH BISCAYNE BLVD. TE 800 MI FL 33131		81 82 83	Street Add 5 City Mi	ose L. Garcia dress (P.O. Box Number is Not Acceptable 660 N.W. 35 Avenue ami	FL 85 2	tip Code
office or r agent I a SIGNATURE	m familiar with, and account the ob	Gartons of Section 607,0605, F	Florida Statute	18. ES/DON	rporation submits this statement for the pration's board of directors. I hereby acception with the property of	7/97	
TITLE	VSD	DELETE	1.1 TITLE		President	Chang	
NAME (	CUADRADO, MANUEL A		1.2 NAME		Jose Luis Garcia		,
STREET ADDRESS	200 SOUTH BISCYNE BLVD	. SUITE 800			14454 S.W. 84 Street		
CITY-ST-7:P	MIAMI FL 33131		1.4 CITY-	ST-ZIP	Miami, FL 33183		
THE		DELETE	2.1 TITLE	1	VP/Secretary/Treasurer	Chang	ge Addition
NAME			2.2 NAME		Ivonne D. Garcia		
STREET ADDRESS			2.3 STREE	T ADDRESS	14454 S.W. 84 Street		
CITY S1-7IP			2. 4 CITY	ST-ZIP	Miami, FL 33183		
TITLE		☐ DELETE	3 1 TITLE			L Chang	ge L. Addition
NAME			3 2 NAME	<b>i</b>			
STREE? ADDRESS			1	T ADDRESS			
CHY-S1-7ff		DELETE	3.4. CITY - 4.1 TITLE	· S1 · ZIP		☐ Chan	ge Addition
NAME		_ piccit	4.1 IIILE 4.2 NAMI	.			go La receillon
STREET ADDRESS				T ADDRESS			
CITY-\$1: Zi <sup>o</sup>			4.4 CHY-	1			
TITLE		DELETE	5 1 TITLE			Chang	ge Addition
NAME			52 NAME	.			
STREET ACIDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZiF			5.4 CITY-	- 1			
TOLE		DELETE	6.1 THLE			☐ Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY-	ST-ZIP			
	L						

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 coliciated on this annual report or supplemental annual reports 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 recent procedure. The provided have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recent provided have appears in Block 12 or Block 13 if chargout, or on a provided have address.

SIGNATURE:

305/633-3980 Daytime Phone #