

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

FILED

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~~ Name changed as of 12/2/96
HURST CORPORATION (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

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

2. Principal Place of Business
21 **5660 N.W. 35 Avenue**

2a. Mailing Address
26 **Same**

Suite, Apt. #, etc.
27 **Same**

City & State
23 **Miami, Florida**

City & State
28

Zip
24 **33142**

Country
25 **USA**

Country
30

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

85 Zip Code
FL 33142

11. Pursuant to the provisions of Sections 607.0602 and 607.0605, 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]* **President** **1/27/97**

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---|--|
| TITLE | PVSD | <input checked="" type="checkbox"/> DELETE |
| NAME | CUADRADO, MANUEL A | |
| STREET ADDRESS | 200 SOUTH BISCAYNE BLVD. SUITE 800 | |
| CITY - ST - ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 recipient of a power of attorney 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)