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

STREET ADDRESS

Block 12 or Block 13 if changed, of

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P96000018065 (8) HM TECHNOLOGIES, INC. Principal Place of Business Mailing Address 17500 S.W. 92ND AVENUE 17500 S.W. 92ND AVENUE MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0647638 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zib This corporation owes or has paid the current year Intarbible Yes ₩ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAYORGA, HECTOR 17500 S.W. 92ND AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157 B4** City 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 Statu 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 at peptithe obligations of, Section 607.0505, Florida Statutes. (Héctor Mayorga) SIGNATURE. quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELFTE Change Addition TITI F 11TITLE MAYORGA, HECTOR 1.2 NAME CRZE034 NAME 17500 S.W. 92ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MAYORGA, ANTONIA 2.2 NAME STREET ADDRESS 17500 S.W. 92ND AVENUE 23 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP 14. I 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 eath; 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

Feb. 11/98 (305)278-0812