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

 PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000086267 (7)

HUGHES INTERNATIONAL, INC.

Principal Place of Business Mailing Address 3800 SOUTHERN BOULEVARD. SIGNATURE BLDG 3800 SOUTHERN BOULEVARD, SIGNATURE BLDG. PALM BEACH INTERNATIONAL AIRPORT PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tay under s. 199.032, 24 Yes 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 1.1 1111.8 Change Addition HUGHES, JUSTIN T NAME 1.2 NAME 3800 SOUTHERN BOULEVARD, SIGNATURE BLDG. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TiTLE 2.1 TILE NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3.1 THILE ☐ Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS 3.4. C(1Y - \$1 - Z(P CITY-ST-ZIP DELLIE Change TITLE 4.1 THEF Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - 7IP DELETE TITLE 61 THEF Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STRLET ADDRESS

CITY-ST-ZIP

appears in Block 12 or Block 13/if changed, or on an attachment with

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 eath; that I am an officer or director of the perporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 06 1997 8:00am

Secretary of State