

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 APR 21 PM 3:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000079193 (3)

1. Corporation Name
GHHI, INC.

Principal Place of Business	Mailing Address
1320 S. Dixie Hwy. Suite 830 Coral Gables, FL 33146	1320 S. Dixie Hwy. Suite 830 Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 526 E. Park Avenue	26 139 S. Beverly Drive
22 Suite, Apt #, etc.	27 #233
23 City & State Tallahassee, Florida 32301	28 Beverly Hills, CA 90212
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
09/12/97	65-0784401	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input type="checkbox"/> \$8.75	<input type="checkbox"/> \$5.00	May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

Robert G. Breier
 1320 S. Dixie Hwy., Ste. 830
 Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Nationscorp, Registered Agents, Inc.	FL
82 Street Address (P.O. Box Number is Not Acceptable)	
526 E. Park Avenue	
83 Tallahassee, Florida 32301	
84 City	

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: *Sally B. Young* (NOTE: Registered Agent's signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamilton, George	1.2 NAME	
STREET ADDRESS	1320 S. Dixie Hwy., Suite 830	1.3 STREET ADDRESS	139 S. Beverly Drive #233
CITY-ST-ZIP	Coral Gables, FL 33146	1.4 CITY-ST-ZIP	Beverly Hills, CA 90212
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	900002498879--3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-04/24/98--01008--018
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (10/97)

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 4/21/98