

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S06483 (9)

1. Corporation Name
HIALEAH (FLORIDA) MANAGEMENT, INC.



Principal Place of Business 12567 N.E. 7TH AVENUE NORTH MIAMI FL 33161	Mailing Address 12567 N.E. 7TH AVENUE NORTH MIAMI FL 33161-4811
--	---

3. Date Incorporated or Qualified 10/17/1990	3a. Date of Last Report 05/31/1996
4. FEI Number 65-0235510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent
**LEONARD, EUGENE
12567 N.E. 7TH AVENUE
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVEY, J.M.		1.2 NAME	
STREET ADDRESS 298 ST. VINCENT ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP PORT ADELAIDE, AUSTRALIA		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAYLOR, C.J.		2.2 NAME	
STREET ADDRESS 298 ST. VINCENT ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ADELAIDE, AUSTRALIA		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMMOND, R.W.		3.2 NAME	President, Director
STREET ADDRESS 298 ST. VINCENT ST.		3.3 STREET ADDRESS	Hammond, R.W.
CITY-ST-ZIP PORT ADELAIDE, AUSTRALIA		3.4 CITY-ST-ZIP	298 St. Vincent St. Port Adelaide, Australia
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, R.R.		4.2 NAME	
STREET ADDRESS 298 ST. VINCENT ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP PORT ADELAIDE, AUSTRALIA		4.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, EUGENE H		5.2 NAME	
STREET ADDRESS 12567 N.E. 7TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL 33161		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	Moody, R.J.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	298 St Vincent St. Port Adelaide, Australia

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 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: *Eugene H. Leonard* **EUGENE H. LEONARD** 5/1/97 305-893-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)