

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S06483 (9)**  
 1. Corporation Name  
**HIALEAH (FLORIDA) MANAGEMENT, INC.**



Principal Place of Business <b>12567 N.E. 7TH AVENUE NORTH MIAMI FL 33161</b>	Mailing Address <b>12567 N.E. 7TH AVENUE NORTH MIAMI FL 33161</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/17/1990</b>	
21 Suite, Apt. #, etc.	22 City & State	24 Zip	25 Country	26 Suite, Apt. #, etc.	27 City & State
28 Zip	29 Country	30 Zip	31 Country	4. FEI Number <b>65-0235510</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LEONARD, EUGENE**  
**12567 N.E. 7TH AVENUE**  
**NORTH MIAMI FL 33161**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOODY, R J	
STREET ADDRESS	298 ST VINCENT ST	
CITY-ST-ZIP	PORT ADELAIDE AU	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NAYLOR, C.J.	
STREET ADDRESS	298 ST. VINCENT ST.	
CITY-ST-ZIP	PORT ADELAIDE, AUSTRALIA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMMOND, R.W.	
STREET ADDRESS	298 ST. VINCENT ST.	
CITY-ST-ZIP	PORT ADELAIDE, AUSTRALIA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LEONARD, EUGENE H	
STREET ADDRESS	12567 N.E. 7TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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** 4/23/98 305-993-2008

CR2E034 (10/97)