

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S77658** (0)

1. Corporation Name  
**HEIM GALLERY INC., U.S.A.**



Principal Place of Business <b>40301 FISHER ISLAND DR. FISHER ISLAND FL 33109</b>	Mailing Address <b>40301 FISHER ISLAND DR. FISHER ISLAND FL 33109-1223</b>
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2. Principal Place of Business 21 <b>701 BRICKELL AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 2420</b> City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>701 BRICKELL AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 2420</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33131</b>		3. Date Incorporated or Qualified <b>09/04/1991</b>		3a. Date of Last Report <b>02/19/1996</b>	
				4. FEI Number <b>65-0291870</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SHORE, H. ALLAN 1221 BRICKELL AVENUE 150 WEST FLAGLER ST. MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name <b>ROBERT M. SAUNDERS, PA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>COURTHOUSE TOWER</b> 83 <b>44 WEST FLAGLER ST. # 402</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33130</b>			
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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 *Robert M. Saunders* **ROBERT M. SAUNDERS** 4/23/97  
Signature typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREEN, STEVEN</b> <b>40301 FISHER ISLAND DR.</b> <b>FISHER ISLAND FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREEN, DOROTHEA</b> <b>40301 FISHER ISLAND DR.</b> <b>FISHER ISLAND FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SAFCHIK, JEFFREY</b> <b>40301 FISHER ISLAND DR</b> <b>FISHER ISLAND FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Safchik* **JEFFREY SAFCHIK** 4/23/97 (305) 373-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)