FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S87039 (1)

1. Corporation Name
NHE, INC.

Principal Place of Business	Mailing Address
1801 S.W. 3RD AVE. MIAMI FL 33129-1416	1801 S.W. 3RD AVE. MIAMI FL 33129-1416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/14/1991	08/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0293448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JIMENEZ, ROSE G. 1801 SW 3RD AVE. 8TH FLOOR MIAMI FL 33129	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	MEIRELES, CLETO CAMPELO	12 NAME	
STREET ADDRESS	1801 SW 3RD AVE., 8TH FLOOR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	~~DVS~~	21 TITLE	VD ☒ Change ☐ Addition
NAME	MEIRELES, CLAUDIA MARIA	22 NAME	
STREET ADDRESS	1801 SW 3RD AVE., 8TH FLOOR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MEIRELES, PAULO CESAR	32 NAME	
STREET ADDRESS	1801 SW 3RD AVE., 8TH FLOOR	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE		41 TITLE	V ☐ Change ☒ Addition
NAME		42 NAME	PERDIGAO, MARCIO C.
STREET ADDRESS		43 STREET ADDRESS	1801 SW 3RD AVE.,8TH FLOOR
CITY ST ZIP		44 CITY ST ZIP	MIAMI,FL 33129
TITLE		51 TITLE	S ☐ Change ☒ Addition
NAME		52 NAME	JIMENEZ,ROSE G.
STREET ADDRESS		53 STREET ADDRESS	1801 SW 3RD AVE., 8TH FLOOR
CITY ST ZIP		54 CITY ST ZIP	MIAMI,FL 33129
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rose G. Jimenez ROSE G. JIMENEZ 4/28/95 (305) 858-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126362 CP