


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S91856 (2) 1. Corporation Name HEMA ENTERPRISE, INC.			

Principal Place of Business 6858 C FOREST CITY ROAD ORLANDO FL 32810	Mailing Address 6858 C FOREST CITY ROAD ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1991	
4. FEI Number 59-3091519	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent CHOWDHURY, MAHMUD 6858 C. FOREST CITY ROAD ORLANDO FL 32810		10. Name and Address of New Registered Agent 81 Name AHSAN RAZA 82 Street Address (P.O. Box Number is Not Acceptable) 2825 WALDEN POND COVE 83 84 City ORLANDO FL 85 Zip Code 32779	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  **AHSAN RAZA PRESIDENT** DATE **4/1/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAZA, AHSAN		1.2 NAME	
STREET ADDRESS 431 LOS ALTOS, APT #203		1.3 STREET ADDRESS 2825 WALDEN POND COVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP LOREWOOD FL 32779	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOHAMMAD CHOWDHURY		2.2 NAME	
STREET ADDRESS 11940 REEDY CREEK DRIVE, #107		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHOWDHURY, MAHMUD		3.2 NAME	
STREET ADDRESS 6858 C FOREST CITY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810		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 in an attachment with an address.

SIGNATURE  **AHSAN RAZA** DATE **4/1/98** (1007)E-2-2444

CR2E034 (10/97)