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95 APR 12 AM 5: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DD

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 598478

1. Corporation Name

JOEL HEIMSOHEN ASSOC., INC.

Principal Place of Business

Mailing Address

MIAMI MERCHANDISE MART 38-13 777 NW 72ND AVE MIAMI, FLORIDA 33126

SAME

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12-6-91

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a. Suite, Apt. #, etc.

22 City & State

2a. City & State

24 Zip

25 Country

2a. Zip

2a. Country

4. FEI Number

Applied For

65-0302683

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

LEVINE ROBERT J. 1110 BRICKELL AVE SEVENTH FLOOR MIAMI FL 33131

10. Name and Address of New Registered Agent

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 fee applicable.

NOTE: Registered Agent Signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT NAME: JOEL HEIMSOHEN STREET ADDRESS: 777 NW 72ND AVE CITY - ST - ZIP: MIAMI, FL 33126

1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP: [Change] [Addition]

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP: T.S. 4/12/98 [Change] [Addition]

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP: [Change] [Addition]

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP: 200001456382 04/14/95--01020-020 \*\*\*200.00 [Change] [Addition]

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP: [Change] [Addition]

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP: [Change] [Addition]

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)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL HEIMSOHEN

DATE

DATE

3/23/95 305-264-0020