

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59691 (8)

1. Corporation Name

HEYMAR INC. d.b.a. Peckaboo

Principal Place of Business

P O BOX 490943
#2J
MIAMI LAKES FL 33149
US

Mailing Address

P O BOX 490943
MIAMI FL 33149
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0382685

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

2. Principal Place of Business

21 6807 main street

2a. Mailing Address

26 Pobox 490943

Suite, Apt., #, etc.

22 Miami Lakes, FL 33014

Suite, Apt., #, etc.

27 Key Biscayne

City & State

23

City & State

28 Florida

Zip

24

County

25 Dade

Zip

29 33149

County

30 Dade

9. Name and Address of Current Registered Agent

DE MARTINEZ, MIGNON
255 GALEN DR
#2-J
KEY BISCAVNE FL 33149

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 of the registered agent and the corporation

Signature of the registered agent and the corporation

DATE

4-18-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

DE MARTINEZ, MIGNON

255 GALEN DR #2-J

KEY BISCAVNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

400001463784

-05/01/95--01073--007

*****200.00 *****200.00

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(b), Florida Statutes. I further certify that this 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 13 if changed as an attachment with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mignon de Martinez

4-18-95

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