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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68179

(3)

P. R. HEVIA, INCORPORATED

FILED

Apr 21 1997 8:00am

Secretary of State

Principal Place of Business				Mailing Address									
7912 N. SAINT PETER AVENUE TAMPA FL 33614-3338 US			T/	7912 N. SAINT PETER AVENUE TAMPA FL 33614-3338 US									
****									3. Date incorporated or Qualified 09/28/1992	d 3a. Date of Last Report 06/03/1996			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-3143942			Applied For Not Applicable	
21				[26]					39.0 143345				
Sulle, Apt. #, etc.				Sulte, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing		\$5.0	0 May Be	
23			28					· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees			
Zip 24	Country 25		29	Zip Cc		Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
		and Address of Cu		stered Agent	[50]	$-\mathbf{T}$			10. Name and Address of New F	Registered	Agent		
HEM					~	81	Na	ne					
HEVIA, PETER R., JR. 7912 N. SAINT PETER AVENUE						82	Stre	et Addr	ress (P.O. Box Number is Not Accept	able)			
TAM			83										
						84					85 Zi	ip Code	
] '			FL	.		
11. Pursuant	to the provis	ions of Sections 607	.0502 and I	607.1508, Florida	a Statutes, th	ne abov	e-nan	ed corp	poration submits this statement for the tion's board of directors. I hereby acc	purpose o	of changing	its registered	
agent. 1 a	ı m fam iliar wi	ith, and accept the o	bligations	of, Section 607.0	505, Florida	Statute	S.	or por at	toll s board of offectors. Thoroby acc	ope ino up,	<i>your</i> (100)	2d Togioloroa	
SIGNATURE													
	Signature, typod	or printed name of registere				istered Agr	ent sign	ature requir	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AN	D DIDECT	ODS IN 12	
12.	TOP:	OFFICERS	MND DINE	DEL					ADDITIONS/CHANGES TO GIT	IOLIIO AII	Change		
TITLE NAME	HEVIA, PI	ETEO D		<u>[</u>] 0.1.		1.1 TITLE 1.2 NAME					C_J Change	, moniton	
STREET ADDRESS 7912 N. SAINT PETER AVENUE					1.3 STF			, l					
CITY-ST-ZIP		L 33614-3338				1.4 CITY - S							
TITLE			· · ·	☐ DEt	ETE	2.1 TITLE	•	1			Change	e Addition	
NAME						2.2 NAME							
STREET ADDRESS						2.3 STREET	ADDRE	ss					
CITY-ST-ZIP						2. 4 CITY-	ST-ZIP						
TITLE	ļ			☐ DEL	ETE.	3.1 7(TLE					Change	e 🔲 Addition	
NAME	!					3.2 NAME							
STREET ADDRESS						3.3 STREET		ss					
CITY-ST-ZIP				DEt		3.4. CITY-1	ST-ZIP				Change	e Addition	
TITLE				UEL		4.1 TITLE						s [_] ADDITION	
NAME OTOSSET ABORROS						4. 2 NAME 4.3 STREET	LADOD						
STREET ADDRESS						4.3 SINCE I 4.4 CITY - S		30					
CITY-ST-ZIP TITLE				DEL		5.1 TITLE	21-211				Change	e Addition	
NAME						5.2 NAME					_		
STREET ADDRESS						5.3 STREET	I ADORE	ss	•				
CITY-ST-ZIP						5.4 CITY - S							
TITLE				☐ DEL		6.1 TITLE					Change	e Addition	
NAME	:				1	6.2 NAME							
STREET ADDRESS		•			1	6.3 \$1REE1	I ADORE	ss	,				
CITY-ST-ZIP						6.4 CITY - 9	ST-ZIP						

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 if a langed, or on an attachment with an artifluss.