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95 APR 20 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 541311 (7)

1. Corporation Name
HUMBOLT, INC.

Principal Place of Business Mailing Address

~~4801 HWY 7 STR~~ **4800 RIVIERA DR** P O BOX 14-1832
~~STE 5~~ **C. GABLES, FL** CORAL GABLES FL 33114-1832
~~MIAMI FL 33122~~ **33146** US

2. Principal Place of Business 2a. Mailing Address

21 **4800 RIVIERA DR.** 26

22 Suite, Apt. #, etc. 27

23 City & State **CORAL GABLES, FL** 28

24 Zip **33146** 25 Country **DADE** 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1977** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-1812322** 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. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MACHADO, EMILIA C
4800 RIVIERA DR
CORAL GABLES FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, EMILIA C.	1.2 NAME	
STREET ADDRESS	4800 RIVIERA DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, JULIO C.	2.2 NAME	
STREET ADDRESS	4800 RIVIERA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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)(k), 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: Emilia C. Machado DATE: 4/17/95 (305) 666-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIA C. MACHADO, P.S.