

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **244946** (0)

1. Corporation Name  
**HERSKOWITZ FAMILY ENTERPRISES, INC.**

Principal Place of Business <b>1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES FL 33146</b>	Mailing Address <b>1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES FL 33146</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/22/1961</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-0953797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.092, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>HERSKOWITZ, BERNARD 1320 S. DIXIE HWY. #940 CORAL GABLES FL 33146</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>HERSKOWITZ, JEROME</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1320 S. DIXIE HWY. #940</b>	CITY - ST - ZIP <b>CORAL GABLES FL</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>HERSKOWITZ, BERNARD</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>1320 S. DIXIE HWY. #940</b>	CITY - ST - ZIP <b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	
TITLE <b>SD</b>	NAME <b>HERSKOWITZ, JACK</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1320 S. DIXIE HWY. #940</b>	CITY - ST - ZIP <b>CORAL GABLES FL</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>HERSKOWITZ, ALLAN (ASST)</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>1320 S. DIXIE HWY. #940</b>	CITY - ST - ZIP <b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information included 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 this corporation or the holder of trustee powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Bernard Herskowitz* **MAR 23 1995**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**BERNARD HERSKOWITZ, VICE PRESIDENT**  
Phone: (305) 663-1491