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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(0)

HERSKOWITZ FAMILY ENTERPRISES, INC.

1121101	TOWNEY ENTENNEY	iolo, ino.					
Principal Place of Business Maling Address						# DJ D # D	.
1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES FL 33146		1320 SO. DIXIE HWY. SUITE 940 CORAL GABLES FL 33146					
					Date Incorporated or Qualified 02/22/1961	3a. Date of La 05/01	ast Report I/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	₩, etc.	Suite, Apt, #, etc.			\$0.7E		Not Applicable
22	V. S.	27			5. Certificate of Status Desired		Fee Required
City & State		City & State	£		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
<i>Ζ</i> ιρ	Country	Zip	Country		8. This corporation has liability for in		lers 199,032,
24	25 9. Name and Address of Currer	29 nt Registered Agent	[30]		Florida Statutes Yes 10. Name and Address of New R	[] No	
		i rogiologo rigott	81	Name	M. Hame and Address of New A	egistereo Ayen	٠
HERSK	OWITZZ,BERNARD						
	DIXIE HWY. #940		62 Street Address (P.O. Box Number is Not Acceptable)				
	GABLES FL 33146		83				
	•		84	City		 85	Zip Code
		······				FL	'
 Pursuant te or registere familiar wit 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and 607.1508, Florida Statutes da. Such change was authorized tion 607.0505, Florida Statutes.	s, the above in a by the corpo	amed corpor oration's boar	ation submits this statement for the pury d of directors. I hereby accept the appo	ose of changing intrient as regisf	its registered office tered agent. Lam
SIGNATURE							
12.	Signature, typed or printed name of registered agent	talector (applicable) (NOE ID DiPF CTORS	t : Registered Agen	l signatura recpirac		DAIL	777777
TITLE	PD	["] DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE.	
NAME	HERSKOWITZ, JEROME	L. ,	1.2 NAME			டுள்	ingo E.J Addinon
STREET ADDRESS	1320 S. DIXIE HWY. #940		1.3 STHEET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CHY+S				
TITLE	VD	[] DELETE	2 1 111LE			☐ Cha	ange 🔲 Addition
NAME	HERSKOWITZ,BERNARD		2.2 NAME				
STREET ADDRESS	1320 S. DIXIE HWY. #940		23STREET	ADDRESS			
CHTY-ST-ZIP	CORAL GABLES FL	E3 borry	2 4 C(1) Y · S	I - ZIP	v · · · · · · · · · · · · · · · · · · ·		
TITLE NAME	SD HEDGEOMITZ IAGE	DELETE	3 1 1 II LE			Cha	ange [] Addition
STREET ADDRESS	HERSKOWITZ,JACK 1320 S. DIXIE HWY. #940		3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		3.3 STREET				
TITLE	D	[] DELETE	4. 1 TO LE		The second secon	Cn₃	inge [] Add tion
NAME	HERSKOWITZ,ALLAN (ASST))	4.2 NAME				-
STREET ADDRESS	1320 S. DIXIE HWY. #940		43 STREET	ADDRESS			
CITY-S1-7IP	CORAL GABLES FL	E''s training	4.4 CITY - S	!- ?! P			
THE		[]] DELETE	5 1 TITLE			[]] Cha	inge 🗍 Addition
NAME STREET ADDRESS			5.2 NAME	ADODECC			
DITY-ST-7iP			53 STREET				
TITLE		[] DECETE	54 CITY-ST 6-1 Title			Cha	inge [] Addition
NAME			6.2 NAME				C Court Court
STREET ADDRESS			63STHEE	ADDRESS			•
CITY-ST-ZIP			54 CHY- \$		- 10 - 11 - 10 - 10 - 10 - 10 - 10 - 10		
certify that oath; that I	y certify that the information supplied the information indicated on this arm I am an officer or director of the corpo Block 12 or Block 13 if changed, or o	ual report or supplemental finnul pration or the receiver of trastee	a report is tru empowered t	e and accura o execute thi	r the exemption stated in Section 119.0 te and that my signature shall have the support as required by Chapter 607, Fice	samo legal effect vrida Statutes; an (305	as if made under od that my name
SIGNAT	URE: SIGNATURE AND TYPES OF	R PRINTED NAME OF SIGNING OFFICER	UM/ OR DIRECTOR	ow	ZAPR 29 1996	663 Daytone F	-1491