

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Smora B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **604765** (8)

1. Corporation Name
AARON L. HERTZ ASSOCIATES, P.A.



Principal Place of Business: **7175 S.W. 47TH STREET SUITE 210 MIAMI FL 33155**
Mailing Address: **7175 S.W. 47TH STREET SUITE 210 MIAMI FL 33155**

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

3. Date Incorporated or Qualified: **10/22/1973**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-1493178**
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

9. Name and Address of Current Registered Agent
**SOMBERG, NORMAN
1201 BRICKELL AVE.
MIAMI FL**

10. Name and Address of New Registered Agent
81 Name: **AARON L. HERTZ**
82 Street Address (P.O. Box Number is Not Acceptable): **1425 BARACOA AVE.**
83
84 City: **CORAL GABLES** FL 85 Zip Code: **33146**

11. Pursuant to the provisions of Sections 199.042 and 199.043, 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. If 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 Sections 199.042, Florida Statutes.

SIGNATURE: *(Signature)* (AARON L. HERTZ) 3-25-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERTZ, AARON L.	
STREET ADDRESS	1425 BARACOA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERTZ, AARON L.	
STREET ADDRESS	1425 BARACOA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this annual report is true and correct. I further certify that the information indicated on this annual report is true and correct 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, the responsibility of which is assumed by me, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *(Signature)* (AARON L. HERTZ) 3-25-96 (305) 667-3735

CR2E034 (12/95)