

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G83473** (0)

1. Corporation Name
THOMAS J. HERZFELD ADVISORS, INC.

Principal Place of Business Mailing Address
**10491 SW 97 AVENUE
P O BOX 161465
MIAMI FL 33116**

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 02/06/1984 | 3a. Date of Last Report 02/17/1994 |
| 4. FEI Number 59-2414380 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contributions | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangibles under 5-190 USC, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State, Art # etc. | 26. State, Art # etc. |
| 22. City & State | 27. City & State |
| 24. Zip | 25. Zip |
| 29. City | 30. County |

9. Name and Address of Current Registered Agent
**HERZFELD, THOMAS J.
10491 SW 97 AVENUE
MIAMI FL 33116**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | FL |
| 85. Zip Code | |

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 607.02(2), Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|--|---|
| 01. TITLE | PD | 1.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 02. NAME | HERZFELD, THOMAS J. | 1.2. NAME | |
| 03. STREET ADDRESS | 10491 SW 97 AVENUE | 1.3. STREET ADDRESS | |
| 04. CITY | MIAMI FL | 1.4. CITY | |
| 05. TITLE | | 2.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 06. NAME | | 2.2. NAME | |
| 07. STREET ADDRESS | | 2.3. STREET ADDRESS | |
| 08. CITY | | 2.4. CITY | |
| 09. TITLE | | 3.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 3.2. NAME | |
| 11. STREET ADDRESS | | 3.3. STREET ADDRESS | |
| 12. CITY | | 3.4. CITY | |
| 13. TITLE | | 4.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | 4.2. NAME | |
| 15. STREET ADDRESS | | 4.3. STREET ADDRESS | |
| 16. CITY | | 4.4. CITY | |
| 17. TITLE | | 5.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | 5.2. NAME | |
| 19. STREET ADDRESS | | 5.3. STREET ADDRESS | |
| 20. CITY | | 5.4. CITY | |
| 21. TITLE | | 6.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | 6.2. NAME | |
| 23. STREET ADDRESS | | 6.3. STREET ADDRESS | |
| 24. CITY | | 6.4. CITY | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation or the receiver or liquidator thereof and I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Herzfeld 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR