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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90025 043 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M23414

1. Corporation Name

JOHNSON, HERNANDEZ ASSOCIATES INC.

Principal Place of Business

8510 N.W. 56 ST #200  
MIAMI FL 33166

Mailing Address

8510 N.W. 56 ST #200  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1985

4. FEI Number

59-2600954

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROHAN, LAURENCE J.  
6101 SW 76 ST.  
S. MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME JOHNSON, PARVIN SR.  
STREET ADDRESS 8510 NW 56 ST., STE 200  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME HERNANDEZ, ORLANDO  
STREET ADDRESS 8510 NW 56 ST., STE 200  
CITY-ST-ZIP MIAMI FL

TITLE VTD ☐ DELETE

NAME HERNANDEZ, ENA M.  
STREET ADDRESS 8510 NW 56 ST. STE 200  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME JOHNSON, PATRICIA H.  
STREET ADDRESS 8510 NW 56 ST. STE 200  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Ena M. Hernandez* ENA M. HERNANDEZ 3/15/99 305-594-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)