#### Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# G83473

Entity Name: THOMAS J. HERZFELD ADVISORS, INC.

# **Current Principal Place of Business:**

119 WASHINGTON AVE SUITE 504 MIAMI BEACH, FL 33139

#### **Current Mailing Address:**

**119 WASHINGTON AVE** SUITE 504 MIAMI BEACH, FL 33139 US

#### FEI Number: 59-2414380

#### Name and Address of Current Registered Agent:

HERZFELD, THOMAS J 119 WASHINGTON AVE SUITE 504 MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Reg	istered Agent
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# **Officer/Director Detail :**

Oncer/Director Detail :				
Title	PRESIDENT	Title	CHAIRMAN	
Name	HERZFELD, ERIK M	Name	HERZFELD, THOMAS	
Address	119 WASHINGTON AVE SUITE 504	Address	119 WASHINGTON AVE SUITE 504	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	CHIEF COMPLIANCE OFFICER			
Name	MORGAN, THOMAS K			
Address	119 WASHINGTON AVE SUITE 504			
City-State-Zip:	MIAMI BEACH FL 33139			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

# SIGNATURE: THOMAS K MORGAN

CHIEF COMPLIANCE OFFICER

06/13/2019

Date

Date

# FILED Jun 13, 2019 Secretary of State 7471533244CC

Certificate of Status Desired: No