FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

HERMAN DEVELOPMENT CORP.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						{)(0 4 0 41 0 103) 0 50	III GRAH 1901
7800 RED ROAD 7800 RED ROAD								
MIAMI FL 33143 MIAMI FL 33143						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/11/1959		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	· · · · ·	pplied For
26 Sulte, Apt. #, etc. Suite, Apt. #, etc.						59 -6 062594		ot Applicable Additional
22 27						5. Certificate of Status Desired	•	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23						Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the cu		1
24	25 29 30 30 9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
HERMAN, LEONARD 7945 SW 135 ST						/0.0 D. M		
MIAMI FL 33156				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
ļ ''' ''				83				
				84	City		85 Zip	Code
L					•	FL	<u>-</u> `	
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 tell if applicable (NOTE Registere 12. OFFICERS AND DIRECTORS 13.					l signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	00 IN 10
12.	P	DELETE	1.1]	TLF.		ADDITIONS/CHANGES TO OFFICERS AIN	Change	Addition
NAME	HERMAN ACOURDS		1.2 N				•	
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NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		DORESS			
CITY-ST-ZIP			5.4 CITY - S		- ZIP			
TITLE	1		1	6.1 TITLE			☐ Change	Addition
NAME			6.2 N/					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify to		IY-SI- emph		ection 119.07(3)(i). Florida Statutes. I further of	ertify that the	e information

Indicated on this annual report of 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachty int with an oddress