

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 467858 (7)

1. Corporation Name
HERBERTO CORPORATION



Principal Place of Business 353 W. 47TH ST. MIAMI BEACH FL 33138	Mailing Address 353 W. 47TH ST. MIAMI BEACH FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 C/O DOUGLAS S. MISKA	26 C/O DOUGLAS S. MISKA			12/16/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1595 NE 163RD STREET		27 1595 NE 163RD STREET		59-1565735	
City & State		City & State		Applied For	
23 N. MIAMI BEACH, FL		28 N. MIAMI BEACH, FL		Not Applicable	
Zip	Country	Zip	Country	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33162	25 USA	29 33162	30 USA	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

MISKA, DOUGLAS S GATOR RELTY & MANAGEMENT, INC. 2250 NE 163RD STREET N. MIAMI BEACH FL 33160				10. Name and Address of New Registered Agent	
81 Name				81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)	
GATOR REALTY & MANAGEMENT, INC.				GATOR REALTY & MANAGEMENT, INC.	
83				83	
1595 NE 163RD STREET				1595 NE 163RD STREET	
84 City				84 City	
N. MIAMI BEACH				N. MIAMI BEACH	
FL				FL	
85 Zip Code				85 Zip Code	
33162				33162	

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, 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 607.0405, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLER, ALBERTO	1.2 NAME	
STREET ADDRESS	10205 COLLINS AVE #1062	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33138	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLER, MICHEL	2.2 NAME	
STREET ADDRESS	10205 COLLINS AVE #1062	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33138	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN DE DELLER, FRIDA	3.2 NAME	
STREET ADDRESS	10205 COLLINS AVE #1062	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33138	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLER DE BEISTCH, HELLEN	4.2 NAME	
STREET ADDRESS	10205 COLLINS AVE #1062	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33138	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLER, PIERRE	5.2 NAME	
STREET ADDRESS	10205 COLLINS AVE #1062	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33138	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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. on an attachment with address.

SIGNATURE: *[Signature]* 4/1/98 305-949-9049

CR2E034 (10/97)