

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 467858

1. Corporation Name
HERBERTO CORPORATION

Principal Place of Business 1595 NE 16ERD ST N. MIAMI BEACH FL 33162 US	Mailing Address 1595 NE 163RD ST N MIAMI BEACH FL 33162 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/16/1974	
4. FEI Number 59-1565735	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MISKA, DOUGLAS S
 GATOR REALTY & MANAGEMENT, INC.
 1595 NE 163RD ST
 N. MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DELLER, ALBERTO
STREET ADDRESS	10205 COLLINS AVE #1062
CITY-ST-ZIP	BAL HARBOUR FL 33138
TITLE	T <input type="checkbox"/> DELETE
NAME	DELLER, MICHEL
STREET ADDRESS	10205 COLLINS AVE #1062
CITY-ST-ZIP	BAL HARBOUR FL 33138
TITLE	VP <input type="checkbox"/> DELETE
NAME	KLEIN DE DELLER, FRIDA
STREET ADDRESS	10205 COLLINS AVE #1062
CITY-ST-ZIP	BAL HARBOUR FL 33138
TITLE	S <input type="checkbox"/> DELETE
NAME	DELLER DE BEISTCH, HELLEN
STREET ADDRESS	10205 COLLINS AVE #1062
CITY-ST-ZIP	BAL HARBOUR FL 33138
TITLE	T <input type="checkbox"/> DELETE
NAME	DELLER, PIERRE
STREET ADDRESS	10205 COLLINS AVE #1062
CITY-ST-ZIP	BAL HARBOUR FL 33138
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE: Douglas Miska Date: 02/25/99 Daytime Phone #: 305-949-9049

CR2E034 (11/98)