

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Workman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 508722 (6)			
1. Corporation Name I L M CORPORATION			
Principal Place of Business 1320 S. DIXIE HIGHWAY, SUITE 200 CORAL GABLES FL 33146		Mailing Address 1320 S. DIXIE HIGHWAY, SUITE 200 CORAL GABLES FL 33146	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

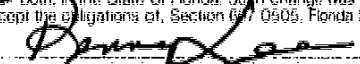
95 MAR 31 AM 11:53

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3900 NW 79 AVE Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FLA Zip 33166		2b. Mailing Address 3900 NW 79 AVE Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FLA Zip 33166		3. Date Incorporated or Qualified 06/10/1976		3a. Date of Last Report 10/05/1994	
4. FET Number 59-1671392		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

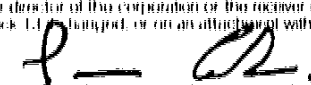
9. Name and Address of Current Registered Agent FELS, LEONARD R. 1320 S. DIXIE HWY., STE. 200 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name PENELOPE LEE 82 Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79 AVE 83 SUITE 201 84 City MIAMI FL 85 Zip Code 33166			
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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 in 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:  DATE: _____

12. OFFICERS AND DIRECTORS TITLE: PTD NAME: COHEN, IRWIN STREET ADDRESS: 1320 S DIXIE HWY., #200 CITY, ST, ZIP: CORAL GABLES FL TITLE: VSD NAME: COHEN, HOPE STREET ADDRESS: 1320 S DIXIE HWY., #200 CITY, ST, ZIP: CORAL GABLES FL TITLE: D NAME: COHEN, LISA GAYE STREET ADDRESS: 1320 S DIXIE HWY., #200 CITY, ST, ZIP: CORAL GABLES FL				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: PTD ☒ Change ☐ Addition 1.2 NAME: COHEN, IRWIN 1.3 STREET ADDRESS: 3900 NW 79 AVE. #201 1.4 CITY, ST, ZIP: MIAMI, FLA, 33166 2.1 TITLE: VSD ☒ Change ☐ Addition 2.2 NAME: COHEN, HOPE 2.3 STREET ADDRESS: 3900 NW 79 AVE #201 2.4 CITY, ST, ZIP: MIAMI, FLA, 33166 3.1 TITLE: D ☒ Change ☐ Addition 3.2 NAME: COHEN, LISA GAYE 3.3 STREET ADDRESS: 3900 NW 79 AVE #201 3.4 CITY, ST, ZIP: MIAMI, FLA 33166 4.1 TITLE: ☐ Change ☐ Addition 4.2 NAME: ☐ Change ☐ Addition 4.3 STREET ADDRESS: ☐ Change ☐ Addition 4.4 CITY, ST, ZIP: ☐ Change ☐ Addition 5.1 TITLE: ☐ Change ☐ Addition 5.2 NAME: ☐ Change ☐ Addition 5.3 STREET ADDRESS: ☐ Change ☐ Addition 5.4 CITY, ST, ZIP: ☐ Change ☐ Addition 6.1 TITLE: ☐ Change ☐ Addition 6.2 NAME: ☐ Change ☐ Addition 6.3 STREET ADDRESS: ☐ Change ☐ Addition 6.4 CITY, ST, ZIP: ☐ Change ☐ Addition			
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2)(b), 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 of Block 13, changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # 513341 (8)

1. Corporation Name

HERNELL'S ENTERPRISES, INC.

Principal Place of Business

**4858 SW 75TH AVE
MIAMI FL 33155
US**

Mailing Address

**4858 SW 75TH AVE
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1976

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1694815

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BERNBERG, HERMAN
4858 SW 75TH AVE
MIAMI FL 33155**

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERNBERG, HERMAN
STREET ADDRESS	10500 S.W. 135TH COURT
CITY, ST, ZIP	MIAMI FL 33186
TITLE	ST
NAME	BERNBERG, NELLY M.
STREET ADDRESS	10500 S.W. 135TH COURT
CITY, ST, ZIP	MIAMI FL 33186
TITLE	D
NAME	BERNBERG, NELLY M.
STREET ADDRESS	10500 S.W. 135TH COURT
CITY, ST, ZIP	MIAMI FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Herman Bernberg
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/27/95
DATE

305-385-4776
TELEPHONE NUMBER