FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:53

DOCUMENT # **508722** **(6)**

1. Corporation Name

I L M CORPORATION

Principal Place of Business	Mailing Address
1320 S. DIXI HIGHWAY, SUITE 200 CORAL GABLES FL 33146	1320 S. DIXI HIGHWAY, SUITE 200 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1976
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business	2a. Mailing Address
21 3900 NW 79 AVE	26 3900 NW 79 AVE
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27 SUITE 201
City & State 23 MIAMI, Fla	City & State 28 MIAMI, Fla
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

4. FEI Number: 59-1671392 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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

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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	COHEN, IRWIN	12 NAME	COHEN, IRWIN	
STREET ADDRESS	1320 S DIXIE HWY., #200	13 STREET ADDRESS	3900 NW 79 AVE. #201	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	MIAMI, Fla, 33166	
TITLE	VSD	21 TITLE	VSD	☒ Change ☐ Addition
NAME	COHEN, HOPE	22 NAME	COHEN, HOPE	
STREET ADDRESS	1320 S DIXIE HWY., #200	23 STREET ADDRESS	3900 NW 79 AVE #201	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	MIAMI, Fla, 33166	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	COHEN, LISA GAYE	32 NAME	COHEN, LISA GAYE	
STREET ADDRESS	1320 S DIXIE HWY., #200	33 STREET ADDRESS	3900 NW 79 AVE #201	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	MIAMI, Fla 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:02

DOCUMENT # **513341** **(8)**

1. Corporation Name
HERNEL'S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4858 SW 75TH AVE MIAMI FL 33155 US	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**

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

4. FEI Number: **59-1694815** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BERNBERG, HERMAN	12 NAME	
STREET ADDRESS	10500 S.W. 135TH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BERNBERG, NELLY M.	22 NAME	
STREET ADDRESS	10500 S.W. 135TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BERNBERG, NELLY M.	32 NAME	
STREET ADDRESS	10500 S.W. 135TH COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Herman Bernberg 3/27/95 305-385-4776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DAYTIME PHONE NUMBER