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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **562739** **(3)**

1. Corporation Name
HERB CORP.

Principal Place of Business	Mailing Address
1100 IBIS AVENUE MIAMI SPRINGS FL 33166	1100 IBIS AVENUE MIAMI SPRINGS FL 33166-3162

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

3. Date Incorporated or Qualified: **03/23/1978**
3a. Date of Last Report: **04/22/1996**
4. FEI Number: **59-2099868** ☐ 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

SUMERFIELD, BARBARA
1100 IBIS AVENUE
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: BARBARA KING
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS ☐ DELETE	1.1 TITLE	PS ☒ Change ☐ Addition
NAME	SUMERFIELD, BARBARA (CHANGE BECAUSE OF MARRIAGE MARRIAGE CERT ENCLOSED)	1.2 NAME	BARBARA KING
STREET ADDRESS	945 IBIS AVE.	1.3 STREET ADDRESS	1100 IBIS AVENUE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	MIAMI SPRINGS, Fl. 33166
TITLE	VT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DEBRA	2.2 NAME	
STREET ADDRESS	483 CRESCENT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Barbara King BARBARA KING 1-9-97 (305) 887-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0229019

STATE OF FLORIDA, COUNTY OF DADE
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR OF PUBLIC RECORD IN THIS OFFICE. WITNESS MY HAND AND OFFICIAL SEAL

THIS 6 DAY OF May 19 96
HARVEY RUVIN, CLERK OF CIRCUIT COURT

BY ______ D.C.

APPLICATION NO. 96-004341

FLORIDA MARRIAGE RECORD

APPLICATION TO MARRY

Groom

1. Groom's name (First, Middle, Last): CHARLES ALLEN KING
2. Date of birth: OCT. 11, 19[illegible]
3a. Residence – city, town, or location: MIAMI SPRINGS
3b. County: DADE
3c. State: FLORIDA
4. Birthplace: INDIANA

Bride

5. Bride's name (First, Middle, Last): [illegible] SNELL SUMERFIELD
5b. Maiden surname (if different): SNELL
6. Date of birth: OCT. [illegible], 19[illegible]
7a. Residence – city, town, or location: MIAMI SPRINGS
7b. County: DADE
7c. State: FLORIDA
8. Birthplace: FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

Affidavit of Bride and Groom		
9. Groom's signature (Sign full name): *Charles Allen King*		12. Bride's signature (Sign full name): *[illegible signature]*
10. Subscribed and sworn to before me on: FEB. 23, 1996	11. Title of issuing official: DEPUTY CLERK	13. Subscribed and sworn to before me on: FEB. 23, 1996	14. Title of issuing official: DEPUTY CLERK

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS

Date license issued: FEB. 23, 1996
Expiration date: APR. 23, 1996

THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

Signature of person issuing license: HARVEY RUVIN, CLERK
Title: BY D.C.
County: DADE
Date filed: APR 16 1996
Recorded in Book 376 Page 2865
Clerk of Court: HARVEY RUVIN, CLERK

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

On: *April [illegible] 1996*
At: *[illegible]*

Signature of person performing ceremony: *Rev. Larry [illegible]*
Name of person performing ceremony: *Rev. Larry Swiderski*
Title: *Lutheran Minister*
Address: *Rt. 2 Box 196 Taylorsville N.C. 2768[illegible]*
Signature of witness to ceremony: *[illegible signature]*
Signature of witness to ceremony: *Charles A. King Jr.*

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

	Race	Number of this marriage	If previously married, last marriage ended by	Date last marriage ended
Groom	WHITE	02	DEATH	FEB. [illegible], 19[illegible]
Bride	WHITE	02	DEATH	SEPT. 0[illegible], 19[illegible]

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO B176353