

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **682224** (1)

1. Corporation Name  
**WILLIAM HERRERA INC.**



Principal Place of Business: **4055 N.W. 97TH AVE. MIAMI FL 33178**  
Mailing Address: **4055 N.W. 97TH AVE. MIAMI FL 33178**

2. Principal Place of Business (21) 2a. Mailing Address (26)  
City & State (23) City & State (27)  
Zip (24) Country (25) Zip (29) Country (30)

3. Date Incorporated or Qualified: **08/11/1980** 3a. Date of Last Report: **02/28/1995**  
4. FEI Number: **59-2025801**  
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  
**GONZALO, HERRERA  
4055 N.W. 97TH AVE.  
MIAMI FL 33165**

10. Name and Address of New Registered Agent  
81 Name: **ELSA C. HERRERA**  
82 Street Address (P.O. Box Number is Not Acceptable): **4055 N.W. 97th AVE.**  
83 City: **MIAMI**  
84 City: **MIAMI** 85 Zip Code: **FL 33178**

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: *Elsa C. Herrera* DATE: **3/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PD</b>	<b>HERRERA, GONZALO</b> <input checked="" type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HERRERA, GONZALO</b>	<b>4055 NW.97TH AVE.</b>	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>MIAMI FL</b>		3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <b>MIAMI FL</b>		4. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>STD</b>	<b>HERRERA, ELSA</b> <input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HERRERA, ELSA</b>	<b>4055 N.W. 97TH AVE.</b>	6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>MIAMI FL</b>		7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <b>MIAMI FL</b>		8. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		12. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE		15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> DELETE		16. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

17. TITLE: <b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
19. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
20. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
27. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
28. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
31. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
32. CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Elsa C. Herrera* Sec. - Treas. DATE: **3/10/96** 305-591-9952

CR2E034 (12/95)