

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 # 696072 (8)

1. Corporation Name

ALBERT L. HERNANDEZ & CO. P.A.



Principal Place of Business

400 SW 107 AVE.  
SUITE 308  
MIAMI FL 33174  
US

Mailing Address

400 S.W. 107 AVE.  
SUITE 308  
MIAMI FL 33174  
US

3. Date Incorporated or Qualified  
07/24/1981

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1985 NW 88 CT

26 1985 NW 88 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip Country

Zip Country

24 33174

29 33174

30

4. FEI Number

59-2111676

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

10. Name and Address of New Registered Agent

HERNANDEZ, ALBERT L.  
400 S.W. 107 AVENUE  
STE. 308  
MIAMI FL 33174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1985 NW 88 COURT

83

SUITE 201

84 City

MIAMI

FL

85 Zip Code

33174

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
HERNANDEZ, ALBERT L  
305 SW 134 CT  
MIAMI FL 33184

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
HERNANDEZ, ALBERT, L  
305 SW 134 CT  
MIAMI FL 33184

☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ 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:

Albert Hernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 471-4405  
Date Date/Time Phone

CR2E034 (12/95)