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FILED

May 09 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 # 696072 (8)

1. Corporation Name  
ALBERT L. HERNANDEZ & CO. P.A.

Principal Place of Business

1985 NW 88 CT  
SUITE 201  
MIAMI FL 33172  
US

Mailing Address

1985 NW 88 CT  
SUITE 201  
MIAMI FL 33172-2638  
US



3. Date Incorporated or Qualified  
07/24/1981

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 305 S.W. 134 COURT  
Suite, Apt. #, etc.

2a. Mailing Address

26 305 SW 134 COURT  
Suite, Apt. #, etc.

4. FEI Number  
59-2111676

Applied For  
Not Applicable

22 City & State  
MIAMI, FL

27 City & State  
MIAMI, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip Country  
33184 USA

28 Zip Country  
33184 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, ALBERT L.  
1985 NW 88 COURT SUITE 201  
STE. 308  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name (SAME)  
82 Street Address (P.O. Box Number is Not Acceptable)  
305 S.W. 134 COURT  
83  
84 City MIAMI, FL FL 85 Zip Code 33184

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPS	HERNANDEZ, ALBERT L	305 SW 134 CT	MIAMI FL	<input type="checkbox"/>
T	HERNANDEZ, ALBERT, L	305 SW 134 CT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Albert Hernandez* ALBERT L. HERNANDEZ 4/28/97 (305) 59-9381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0233174

CR2E034 (9/96)