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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **F17176** (1)

1. Corporation Name

THOMAS J. HERZFELD & CO., INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10491 SW 97 AVE. P O BOX 161465 MIAMI FL 33116	10491 SW 97 AVE. P O BOX 161465 MIAMI FL 33116

3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2053807	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 191.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

**HERZFELD, THOMAS J
10491 SW 97 AVE.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607 (Pc) 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 0805 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12.1 NAME	DP HERZFELD, THOMAS J 10491 SW 97 AVE. MIAMI, FL 00000
12.2 NAME	
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 NAME	
13.4 NAME	
13.5 NAME	
13.6 NAME	
13.7 NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.121 (6) 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 signature will be on show for of the corporation or the treasurer or another person empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 1, or Block 13 if changed, on an attachment with an address.

SIGNATURE: Thomas J. Herzfeld 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR