## FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORICA DEPARTMENT OF STATE CORPORATION Sandra B. Morthern ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 25 AM 8: 54 **DOCUMENT # F2037**1 (3)SECRETARY OF STATE TALLAHASSEE, FLORIDA HERLEY INCORPORATED Principal Place of Business Mailing Address 2434/36 SW 87TH AVE. EDUARDO ANTON, ATTY. Mkamir Fl. 33165 1385 CORAL WAY, SUITE 408 DO NOT WRITE IN THIS SPACE. MIAM FL 33145 3a. Date of Last Report 3. Date incorporated or Qualified 02/19/1981 06/21/1994 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2095996 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, ZΦ Country ΔD Country X Yes ☐ No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANTON, EDUARDO, ATTY. 82 Street Address (P.O. Box Number is Not Acceptable) 1385 CORAL WAY **SUITE 406** 83 **MIAM! FL 33145** 84 City 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 Styruture, typed or presed name of registered agent and life # applicable (NOTE: Royatorod Agent algoriture required when romatating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. STOP TITLE 1. 1 TITLE Change Addition SAN EMETERIO, SYLVIA NAME 12 NAME **7400 SW 128TH AVENUE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 14 City - ST - ZiP CITY+ST-ZIP Change Addition TITLE 2.1 THILE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 COY ST 21P CITY-ST-ZIP Change Addition TITLE 3 1 TITLE HAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP Change Addition 4 1 1111 F TITLE HAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+S1-7IP Change ☐ Addition 5 I TITLE TITLE HALLE 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CHY+S1-ZIP CITY - ST - 7IP Change Addition int 6111116 6.2 HAME NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY+ST-ZIP 14. If do toroby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 logal effect as if made under early, that I am an efficer or director of the corporation or the receiver or trusten employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address. SIGNATURE: BIGHATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

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