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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

101

DOCUM 1. Corporation N	ENT # G13230) (9)				
DAVID HERNANDEZ FINANCIAL SERVICES INC.						
Principal Place of Business Mailing Address				I 1880/14 8084 14600 CHAID LIEBO JICHY CAIN CHAIL DIARA BABRA BABRA GABRA GABRA		
·		4815 E BUSCH BLVD #	109			
109		· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified	3a. Date of Last Report	
TAMPA FL 3361	7	TAMPA FL 33617 US			04/27/1995	
US		2a. Mailing Address		12/14/1982 4. FEI Number	Applied For	
2. Principal Plac	e of Business	26		59-2237825	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27		27		<u> </u>	\$5.00 May Be	
Orly & State		City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees	
23		28	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
Ζιρ	Country	2ip	30	Florida Statutes	s [_]No	
24	9. Name and Address of Curre			10. Name and Address of New	Registered Agent	
	S. Hanto and America		81 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)		
	DEZ, DAVID J.		00			
4815 E BUSCH BLVD			83			
•	STE 109 TAMPA FL 33617				FL 85 Zip Code	
SIGNATURE .	Signature Grand of International	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change	
TITLE	PD	☐ DELETE	1.2 NAME			
NAME	HERNANDEZ, DAVID J		1.3 STREET ADOPESS			
STREET ADDRESS	4815 E BUSCH BLVD STE 1	109	14 C-1Y - ST 2'P			
CITY-ST-ZIP	TAMPA FL.	DELETE	2.1101.5		Change Addition	
TITLE NAME	S DENIAMONE DENIE		2.2 NAME			
STREET ADDRESS	HERNANDEZ, IRENE 4815 E BUSCH BLVD STE	100	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - 2IP		☐ Change ☐ Addilio	
TITLE	SVT	☐ DELETE	3 1 T: ILF		_	
NAME	GROENE, CHANTELLE		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS	4815 E BUSCH BLVD STE	109	3.4 City-ST-ZIP			
CITY-S1-ZIP	TAMPA FL.	DELFTE	4 1 THE		Change Additio	
TITLE	V		4.2 NAME			
NAME	HERNANDEZ, DAVID K	400	4.3 STREET ADDRESS			
STREET ADDRESS	4815 E BUSCH BLVD STE		4.4 CITY - ST - ZIP		Change Additio	
CITY-ST-ZIP TITLE	TAMPA FL.	☐] DELETE	5 1 liTLE		[] Sum-85 [] Monto	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY - S! - ZIP		Change Addition	
TIFLE		☐ DELETE	6 1 TILLE 62 NAME			
NAME			6.2 NOME 6.3 STREET ADDRESS			
STREET ADDRESS	5					
CITY - ST - ZIP	1	lead units this filma is valuntarily	furnished and does not qual	ify for the exemption stated in Section	119.07(3)(k), Florida Statutes. I further	

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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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.

ALL AGENCANDES CHES. 4.26.96 813-9892397

DEL DE NAME OF SIGNING OFFICER ON DIRECTOR

VIDENTE NAME OF SIGNING OFFICER ON DIRECTOR

VIDENTE NAME OF SIGNING OFFICER ON DIRECTOR

CR2E034 (12/95)