FILED Apr 29, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G77010

1. Corporation Name

HERNANDEZ ENTERPRISES, INC.

Principal Place of Business			Mailing Address							11	ANCINE NOTE 19	6):	INI 11911 NEH 814		11 01011 01	411 01011 1801
6824 PHILLIF'S PARKWAY DRIVE, SOUTH			6824 PHILLIPS PARKWAY DRIVE, SOUTH					}								
P.O. BOX 23037			P.O. BOX 23037 JACKSONVILLE FL 32256					DO NOT WRITE IN THIS SPACE  3. Date Ir corporated or Qualifed								
JACKSONVILLE FL 32256																
									•		/1983					
2. Principal P	lace of Business		2a. Mailing Address					4. FEI Number						Apr	lied For	
21			26						<u>59-2387575</u>			75			Not	Applicable
Suite, Apt. #, etc.			Suite, A	ot. #, etc.					5		ite of Stati	ıs Desire	d []			ditional
22			27						J						Fee Rec	<u>:</u>
City & S at	е		City & S	itate					1		1 Campaig		ing 🗆	•	5.00 1	
23			28			01			_		und Contr				Added to	Fees
Zip	Coun	itry	Zip			Country	,		i				current year	Intangibl		[]No
24	9, Name and Add	was of Current	29 Registered Ac		30						al Property		w Register	. <del></del>		13140
	9, Name and Add	ess of curtent	Kedistalen ya			81	N		10.	HUITIO	aria raar	000 01 110	, rogiotor	<u></u>	•	
HE:R	NANDEZ, JORGE						_				<del></del>					
10123 BISHOP LAKE ROAD W JACKSONVILLE FL 32256						82	٤	street Add	ress (P	.O. Box	Number	er is Not Accepta	eptable)			
						83										
						84	_								1 7:- 0	
					4 City				F			: L   85	L 85 Zip Code			
11. Pursuant	to the provisions of Se	ections 607.0502	and 607.1508,	Florida Statu	es, t	he above	e-na	amed co	oration	submit	s this state	ement for	the purpose	of chang	ing its r	egistered
office or r	egistered agent, or bo m familiar with, and ac	th, in the State o	Florida. Such d	change was	a utho	rized by	the	corporati	on's bo	ard of d	irectors. I	hereby a	ccept the ap	pointmen	t as reg	istered
SIGNATURE		3 m	,													
- SIGNATORE	Signature, typed or printed na			(NOI	I Regi		nt síg	nature require					DATE	-		
12.		OFFICERS AND		D ACI ETE		13.			<i>F</i>	ADDITIO	NS/CHAI	IGES TO	OFFICERS		RECTO! Change	S IN 12
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CITY-ST-ZIP						5.4 CITY-S	T-ZII	-							hon==	
TITLE				DELETE	/	6.1 TITLE		]						[]	Change	☐ Addition

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee employeed 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 attaching that an address, with all other like empowered.

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNA JRE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JORGE EERNANDEZ, PRESIDENT