

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G86227 (7)**

1. Corporation Name

**LUIS HERNANDEZ ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

21 S.E. 1ST AVENUE  
STES 703/704  
MIAMI FL 33131

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STES 703/704  
MIAMI FL 33131

3. Date Incorporated or Qualified  
**02/24/1984**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 21 S.E. 1st Avenue

26

Suite, Apt. #, etc.  
Suite 3 703-705

Suite, Apt. #, etc.

27

City & State  
Miami, Florida

City & State

28

Zip  
33131

Country  
USA

29

Country

30

4. FEI Number

**59-2852799**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, LUIS  
21 S.E. 1ST AVENUE  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 607.0705, Florida Statutes.

SIGNATURE **LUIS E. HERNANDEZ**

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PTD HERNANDEZ, LUIS E.**  
STREET ADDRESS **21 S.E. 1ST AVENUE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **SD HERNANDEZ, NARCISA**  
STREET ADDRESS **21 S.E. 1ST AVENUE**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME **SD HERNANDEZ, JORGE L.**  
2.3 STREET ADDRESS **21 S.E. 1ST AVENUE-SUITE 705**  
2.4 CITY-ST-ZIP **MIAMI, FLORIDA**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**300001792783**  
**-04/24/96--01052--028** change  Addition  
**\*\*\*200.00**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96**

Date

Daytime Phone #

CR2E034 (12/95)