

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 697491

1. Corporation Name:

HERSOL Trading CORPORATION

Principal Place of Business:

**9220 N.W. 102nd ST
Medley, FL 33178**

Mailing Address:

same

3. Date Incorporated or Qualified
March 19, 1984

3a. Date of Last Report

2. Principal Place of Business:

9220 N.W. 102 ST

2a. Mailing Address:

same

State, Apt. #, etc.:

State, Apt. #, etc.:

City & State:

Medley, FL 33178

City & State:

Zip:

33178

Country:

DADE

Zip:

Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JESUS CUELEZ
12440 S.W. 45 ST
MIAMI, FL 33175**

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 607.0503 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I, an officer or director of the corporation, hereby accept the appointment as registered agent.

SIGNATURE:

Jesus Cuelez President

June 21/96

12. OFFICERS AND DIRECTORS

TITLE	President	☐ OFFICER
NAME	Jesus Cuelez	
STREET ADDRESS	12440 S.W. 45 ST	
CITY, ST, ZIP	Miami, FL 33175	
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ OFFICER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ OFFICER	☐ ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ OFFICER	☐ ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ OFFICER	☐ ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ OFFICER	☐ ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	☐ OFFICER	☐ ADD
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied on this report was true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or director of the corporation, and that my name appears on the list of officers and directors of the corporation as filed with the Department of State.

SIGNATURE:

Jesus Cuelez

June 6/96 305-863-6330

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***225.00**

CR2E034 (3/96)