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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32155

1. Corporation Name

HERKOZ INC.

SMO SW 139TH AVE. O BOX 4282 HOMESTEAD R. 30982 S DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified OB/31/1988 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Sipp Country Space Sp		. 				<u></u> ! ```,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4/81/6/8/8/	1911 BIBIL 1891
HOMESTEAD FL 33092 HOMESTEAD FL 33092 4282 US DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					,		
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3. Date Incorporated or Qualified 08/3 1/1988 2. Principal Place of Business 2. Amailing Address 2. Exprincipal Place of Business 3. Date Incorporated or Qualified 08/3 1/1988 4. FEI University Place of Business 5. Certificate of Status Desired 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing 5. To Desired Agent of Certificate Office of Status Desired 6. Election Campaign Financing 5. To Desired Agent of Status Desired Office of Status Desired 6. Election Campaign Financing 7. Name Personal Planting Financing 7. Name Address of New Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable) 7. Name Address of New Registered Agent 7. Os Name and Address of New Registered Agent 7. O	1 . • • • • • • • • • • • • • • • • • •			DO NOT WEITE IN THE CRACE				
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City & State City & State 28		ŧ, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
Zip Country Zip Country Zip Country Age This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and 10. Name and Address of New Registered Agent 10. Name and 10. Nam	City & State		City & State	 -		1 1		
9. Name and Address of Current Registered Agent JONES, SHARON S. x3226 PONCE DE LEON BLVD. 3 0 0 1 Ponce de Leon CORAL GABLES FL 33134 Blvd 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CRAWFORD, GALE S. PO BOX 924282 N/A HOMESTEAD FL 13. SIREET ADDRESS ITV-ST-ZIP Additional Address of New Registered Agent 10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City Street Address of New Registered Agent 18 Name Name 10. Name and Address of New Registered Agent 18 Name 10. Name and Address of New Registered Agent 18 Name 10. Name and Address of New Registered Agent 10. Name 10. Name 10. Name 10. Name 10. Name 10. Name 10. Name 10.	23 Zin	Country				11001.110		
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITTLE DVS DELETE 11 TITLE Change Additional Company of the corporation's board of directors. I hereby accept the appointment as registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITTLE DVS DELETE 11 TITLE Change Additional Company of the corporation submits this statement for the purpose of changing its registered agent and submit agent and submit agent agent and submit agent agent and submit agent and submit agent								
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE	office or re	gistered agent, or both, in the State	of Florida, Such change was authori	rized by	the corporat	poration submits this statement for the purpose of cha	anging its nent as re	registered gistered
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2.3 STREET ADDRESS

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6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 or the receiver of frustee empowered to execute this report as dequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address, with all other like empowered.

SIGNATURE:

PRICE, C.W.

PO BOX 924282 N/A

HOMESTEAD FL

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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Mar 10, 1999 8:00 am Secretary of State

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