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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90175 030 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K44169

1. Corporation Name

Principal Place of Business

SIGNATURE:

THE HERGET INSURANCE CORPORATION

9700 SO. DIXIE	HWY #660		9700 S. DIXIE HWY. #660						
SUITE 200 — Delete MIAMI FL 30156			#000 MIAMI FL 33156			DO NOT WRITE IN THIS SPACE			
		US		3. Date Incorporate	3. Date in corporated or Qualifed				
					11/08/1988				
2. Principa Place of Business			2a. Mailing Address		4. FEI Number		App	lied For	
21			26		65-0084614		Not	Applicable	
Suite, Ant. #, etc.			Suite, Apt. #, etc.		5. Certifcate of Star	tus Desired	\$8.75 A		
22			27		J. Certificate of Sta		Fee Red	uired	
City & State			City & State		6. Election Campaign Financing \$5.00 May Be				
23			28		Trust Fund Cont		Added to	Fees	
Zip ──	Cour tr	У	Zip	Country		owes the current year li		IJNo	
24	25		29	30	Personal Proper	ess of New Registered	Δ	TIMO	
	9. Name and Addre	ess of Current	Registered Agent	81 Name	() () ()	_/	u Agein		
REYN	NOSO, WALTER A.					<u>पथी</u>			
2937 SW 27TH AVE				82 Street A	Acdress (P.O. Box Number	is Not Acceptable)			
	E 107, GROVE FOR	EST PLAZA		83	4601 Siw	68 AVE.		- 	
	ONUT GROVE FL 33			63					
				84 City γ	Miami	F	L 85 Zip C	ode 156	
11. Pursuant t	to the provisions of Sec	tions 607.0502	and 607.1508, Florida Statu	tes, the above-named of	ecropration submits this state	ement for the purpose	of changing its i	egistered	
office cr re agent. ⊥ an	egistered agent, or bo h m familiar with, and acc	i, in the State of	f Florida. Such change was and of, Section 607.0505, Florida.	uthorized by the corpo irida Statutes.	ration's board of cirectors.	nereby accept the app	ointment as reg	stered	
		-		eract Pres	sident	4/22/90	1		
SIGNATURE	Signature, typed of printed na ne	e of registered agent		:: Régistered Agent signature re	·	(CATE			
12.		FFICERS AND	DIRECTORS	13.	ADDITIONS/GHA	NGES TO OFFICERS			
TITLE	Р		☐ DELETE	1.1 TITLE	ρ	1	Change	☐ Addition	
NAME	HERGET, ROBERT			1.2 NAME	Robert Hero	Pet 🛴 📜			
STREET ADDRESS	9700 S. DIXIE HWY	r., #660		1.3 STREET ADDRESS	9601 SW	68 Ave	•		
CITY-ST-ZIP	MIAMI FL			1.4 CITY- ST-ZIP	miani, P	<u> - 33156</u>	,		
TITLE			☐ DELETE	2.1 TITLE	•	-	Change	☐ Addition	
NAME				2.2 NAME					
STREET ADDRE 3S				2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY- ST- ZIP					
TITLE			☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME				4 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY- ST-ZIP				T \$340	
TITLE			☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME					
STREET ADDRE 3S				5.3 STREET ADDRESS					
CITY-ST-ZIP				54 CITY-ST-ZIP			Change	☐ Addition	
TITLE			☐ DELETE	6.1 TITLE			☐ Change		
NAME				6.2 NAME					
STREET ADDRE 3S				6.3 STREET ADDRESS					
CITY-ST-ZIP		,	4 . 60 1	6.4 CITY-ST-ZIP	1- P 440 07/03/2 51	side Clabrater 1 forth		formation	
indicated o	on this annual report or	supplemental :	this filing does not qualify for	urate and that my signa	at⊾re shall have th⊝ same le	gal effect as if made un	der oath; that I	am an	
officer or o	director of the corporation	on or the receiv	er or trustee empowered to	execute this report as r	equired by Chapter 607, Fl	orida Statutes; and that	ту пате арре	ars in	
indicated of officer or of	on this annual report or director of the corporation	supplemental a	this filing does not qualify for innual report is true and acciver or trustee empowered to ment with an address, with a	urate and that my signa execute this report as r	itcre shall have th⊝ same le equired by Chapter 607, Fl	gal effect as if made un	der oath; tha	t I	