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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K51740** **(4)**

1. Corporation Name
HERMAN & ROOF, P.A.

Principal Place of Business	Mailing Address
% JEFFREY M. HERMAN ESQ 1 SE 3 AVE. S2110 MIAMI FL 33131 US	% JEFFREY M. HERMAN ESQ 1 SE 3 AVE. S2110 MIAMI FL 33131-1700 US

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 05/02/1996

2. Principal Place of Business
21 100 S.E. 2nd Street
Suite, Apt. #, etc.
22 Suite 2600
City & State
23 Miami, FL
Zip 24 33131 Country 25 U.S.A.

2a. Mailing Address
26 100 S.E. 2nd Street
Suite, Apt. #, etc.
27 Suite 2600
City & State
28 Miami, FL
Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 65-0105767 ☐ 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
HERMAN, JEFFREY M. ESQ
1 SE 3 AVE
S2110
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Herman, Jeffrey M., Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street
83 Suite 2600
84 City: Miami FL 85 Zip Code: 33131

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HERMAN, JEFFREY M. 1 SE 3 AVE S2110 MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PTD Herman, Jeffrey M. 100 S.E. 2nd Street, Suite 2600 Miami, FL 33131 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ROOF, STEPHEN L. 1 SE 3 AVE S2110 MIAMI FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VSD Roof, Stephen L. 100 S.E. 2nd Street, Suite 2600 Miami, FL 33131 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 added with an address.

SIGNATURE: _____ 1/6/97 305 377 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174959