

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90236 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L93016

1. Corporation Name  
**HERRERA GROUP, INC.**



Principal Place of Business  
 2900 W 84TH STREET #201  
 HIALEAH FL 33016

Mailing Address  
 2900 W 84TH STREET #201  
 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/14/1990**

4. FEI Number  
**65-0216565**

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 owes the current year Intangible Personal Property Tax. Yes  No

2. Principal Place of Business  
 21 **3789 West 18 Ave.**

2a. Mailing Address  
 26 **3789 West 18 Ave.**

22 Suite, Apt. #, etc.

23 City & State  
**Hialeah FL**

24 Zip **33012** 25 Country **USA**

27 Suite, Apt. #, etc.

28 City & State  
**Hialeah FL**

29 Zip **33012** 30 Country **USA**

9. Name and Address of Current Registered Agent  
**HERRERA, CARLOS**  
**2900 W 84TH STREET #201**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name **Carlos Herrera**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3789 W. 18 Avenue**

83

84 City **Hialeah** FL 85 Zip Code **33012**

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]* DATE **3/6/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	HERRERA, CARLOS	
STREET ADDRESS	2900 W 84TH ST #201	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRERA, CARLOS	
STREET ADDRESS	2900 W 84TH ST #201	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herrera, Carlos	
1.3 STREET ADDRESS	3789 W. 18 Ave.	
1.4 CITY-ST-ZIP	Hialeah, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herrera, Carlos	
2.3 STREET ADDRESS	3789 W. 18 Ave.	
2.4 CITY-ST-ZIP	Hialeah, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3/8/99** DAYTIME PHONE # **(305) 362-1664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)