## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DURAN, ALFREDO G.

2665 S BAYSHORE DR

S1100, GRAND BAY PLZ **MIAMI FL 33133** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	M25802
HERVICORP OF FLO	RIDA, INC.

Principal Place of Business 2665 S BAYSHORE DR

S1100. GRAND BAY PLZ MIAMI FL 33133 US

Mailing Address

2665 S BAYSHORE DR S1100. GRAND BAY PLZ MIAMI FL 33133 US

2.	Principal Place of Business	2a	Mailing Address
1	Suite, Apt. #, etc	26	Suite Apt #. etc.
2		27	2601 SO BAYSHORE XR.
_	City & State		City & State SUITE 1400
3	Zip Country	28	MIAMI, FLA.
4	[25]	29	33/33 [30] U.S.A

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 01/14/1986

4. FEI Number

65-0039237

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Added to Fees 8. This corporation owes the current year Intangible

Personal Property Lax [ ] Yes

10. Name and Address of New Registered Agent [ | Yes

81	Name ALFRESO G-	SURO		•		
82	Street Address (P.O. Box Number is No. 260 - 5 B1 Y SHO	ot Acceptable)				
.	2601 SO B145HOI	25 BR	، ر ٠	V175	14	00

Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

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. Thereby accept the appointment as registered agent, I am familiar with an accept the appointment as registered.

SIGNATURE

3.2 NAME

4 1 311LF

4 2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

[ ] DELETE

[ ] DELETE

[ | DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CiTY-ST-Z-P

4.4 C(TY-\$1-7)P

3.4 C(TY-S1-Z(P)

CICIOTOTE	Signature, typed or pointed name of registered agent and tipe if applicable	(NOTE Re	gashind Agent signature in pr	edwin reasoning
12.	OFFICERS AND DIRECTORS		13.	ADDITIO
TITLE	<b>DP</b> [1] DE	LETE	111.ILE	
NAME	VILLARROEL, CARLOS		1.2 NAME	
STREET ADDRESS	2333 BRICKELL AVE. #306		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL タテノンウ		14 CITY-ST-ZIF	
TITLE	[] DE	LETE	21 TITLE	
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2.4 C/TY-S1-Z/P	
TITLE	[]DE	LETE	3 1 TITLE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ | Change [ ] Addition \$100002816018---1 -03/23/33--01030--023 \*\*\*\*150.00

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[ | Change [ | Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplements annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 13 if changed, or on applications, with an address, with all when like empowered.

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

PRESIDENT

305-2850800

CR2E034 (11/98)