

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M25802

1. Corporation Name
HERVICORP OF FLORIDA, 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 27 28 29 30

City & State

Zip Country

9. Name and Address of Current Registered Agent

DURAN, ALFREDO G.
2665 S BAYSHORE DR
S1100, GRAND BAY PLZ
MIAMI FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State 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 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 fee if applicable.

(NOTE: Registered Agent signature required with fee if changing)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY-ST-ZIP

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY-ST-ZIP

23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY-ST-ZIP

27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3000002816019-1
-03/23/93 - 01090-023
***150.00 ***150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

305-285-0800

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