## 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

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 043 \*\*\*150.00

## DOCUMENT # M40044

HERSA CORPORATION						. <del>.</del> .				
Principal Pla	ce of Business	Mailing Address				7				
7125 SW 47TI MIAMI FL 331 US	H STREET #309 55	7125 SW 47TH STREET #309 Miami FL 33155 US				DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed 10/15/1986			
2. Principal	Place of Business	2a. Mailing Address					FEI Number		L	Applied For
21		26				<u>59-2754354</u>			Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired	<b>D</b> .,	\$8.75 Additional Fee Required		
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution		•	5.00 May Be dded to Fees	
Zip	Country 25	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
HERNANDEZ, ENRIQUE J 7125 SW 47TH STREET., #309 MIAMI FL 33155				81 Name  82 Street Address (P.O. 8ox Number is Not Acceptable)  83						
				<b>!</b>	City			FI		Zip Code
	nt to the provisions of Sections 607.0502 registered agent, of both, in the State of am language with and accept the obligated agent state of the st				named corporation		<del>                                </del>	purpose of the appo	f chang pintment	ing its registered t as registered
12. OFFICERS AND DIRECTORS				13.			DDITIONS/CHANGES TO OF	FICERS A	ND DIR	ECTORS IN 12
TITLE	L DAG			1.1 TITLE					CI	hange
NAME	LIPONANDEZ FAIDIQUE L			1.2 NAME						
STREET ADDRESS 7125 SW 47TH STREET., #309			1.3 ST	1.3 STREET ADDRESS						

OOPS ORS IN 12 Addition MIAMI FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of the today 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 an attachment with an address, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)