

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 17 1998 8:00am
Secretary of State

DOCUMENT # N94000003964 (3)

1. Corporation Name
HEROES UNITE INC.



Principal Place of Business

Mailing Address

2350 NE 135 ST., #506
NORTH MIAMI FL 33181
US

2350 NE 135 ST., #506
NORTH MIAMI FL 33181
US

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

65-0565363

Applied For

Not Applicable

2. Principal Place of Business

21 1638 NE 109 ST

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 33181 25 Country

26

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHMAN, JEFFREY
6350 COLLINS AVE.
APT #806
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

Gus Cuervo

82 Street Address (P.O. Box Number is Not Acceptable)

83

1638 NE 109 ST

84 City

Miami

FL

85 Zip Code

33181

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BILLMAN, ALICE
STREET ADDRESS 2350 NE 135 ST.
CITY-ST-ZIP MIAMI FL 33181
☐ DELETE

TITLE VD
NAME RICHMAN, JEFFREY
STREET ADDRESS 6350 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33131
☒ DELETE

TITLE SD
NAME BILLMAN, LYN
STREET ADDRESS 703 W 180TH ST
CITY-ST-ZIP NEW YORK NY 10033
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME Cuervo, Gus
1.3 STREET ADDRESS 1638 NE 109 ST.
1.4 CITY-ST-ZIP Miami, FL 33181
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/98

305
812-8212

CR2E037 (5/98)