FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90878 028 ***150.00

DOCUMENT # P000000 78608 ✓

1. Entity Name
HERCRA INTERNATIONAL CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4711 NW 79 AV	8027 LAKE DR
Suite, Apt. #, etc. Suite 121	Suite, Apt. #, etc. # 103
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country DADE	Zip 33166 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALVARO HERNANDEZ - CRASSUS

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

8027 LAKE DR # 103

City MIAMI FL Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Alvaro Hernandez Crassus ALVARO HERNANDEZ CRASSUS 04/01/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT,
NAME	ALVARO HERNANDEZ-CRASSUS
STREET ADDRESS	8027 LAKE DR # 103
CITY-ST-ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE

Please note that I'm sending this form, because I did not receive the original one.
BR.
Alvaro Hernandez Crassus

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alvaro Hernandez Crassus 04/01/02 (305)2195690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ALVARO HERNANDEZ CRASSUS