FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001482521
-05/10/95--01055--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000011318

1. Current Name: HERRERA AND CHAVEZ CORPORATION

Principal Place of Business: 142 S.E. 6Ave Delray Bch. FL. 33483

Mailing Address: Same

2. Principal Place of Business
21 Same As Above
22 Suite, Apt. # etc. —
23 City & State: Delray Bch.
24 Zip: 33483 25 Country: USA

2a. Mailing Address
26 142 S.E. 6Ave.
27 Suite, Apt. # etc.
28 City & State: Delray Bch. FL.
29 Zip: 33483 30 Country: USA

3. Date Incorporated or Qualified: 12.9.92

3a. Date of Last Report: 5/94

4. FEI Number: 65-0384028 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for amounts due under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MS ARthur Chavez
2590 AlbaTross Rd 7-C
Delray Bch. FL 33483

10. Name and Address of New Registered Agent
01 Name: MS ARthur Chavez
02 Street Address (P.O. Box Number is Not Acceptable): 2590 AlbaTross RD 7-C
03 City: Delray Bch.
04 FL 05 Zip Code: 33483

11. Pursuant to the provisions of Section 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] (Name of New Registered Agent typed or printed) (New Registered Agent's signature required) DATE: 4-27-95

12. OFFICERS AND DIRECTORS

a 11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
b TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
c TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
d TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
e TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	MS ARthur Chavez	
13 STREET ADDRESS	2590 AlbaTross Rd 7-C	
14 CITY ST ZIP	Delray Bch FL 33483	
21 TITLE	V/S	☒ Change ☒ Addition
22 NAME	Monne Chavez	
23 STREET ADDRESS	2590 AlbaTross Rd 7C	
24 CITY ST ZIP	Delray Bch. FL 33483	
31 TITLE	Trs	☐ Change ☒ Addition
32 NAME	[redacted] Chavez	
33 STREET ADDRESS	DANIEL Same ADDress	
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

AA 5/10

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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 added to the report or is otherwise entered with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 DATE

407-274-4184 Daytime Phone #