

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P92000011318 (2)**

1. Corporation Name  
**HERRERA AND CHAVEZ CORPORATION**



Principal Place of Business Mailing Address  
**142 SE 6 AVE DELRAY BEACH FL 33483**      **142 SE 6 AVE DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified **12/09/1992**      3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0384008**      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 intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      30. Country  
24.      25.      29.      30.

**9. Name and Address of Current Registered Agent**

**CHAVEZ, MCARTHUR  
2590 ALBATROSS RD 7-C  
DELRAY BEACH FL 33483**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      FL      85. 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**       DELETE

TITLE: PD      NAME: CHAVEZ, MCARTHUR      STREET ADDRESS: 2590 ALBATROSS RD 7-C      CITY-ST-ZIP: DELRAY BEACH FL 33483

TITLE: VS      NAME: CHAVEZ, YVONNE      STREET ADDRESS: 2590 ALBATROSS RD 7-C      CITY-ST-ZIP: DELRAY BEACH FL 33483

TITLE: T      NAME: CHAVEZ, DANIEL      STREET ADDRESS: 2590 ALBATROSS RD 7-C      CITY-ST-ZIP: DELRAY BEACH FL 33483

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       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Y. Chavez*      Yvonne Chavez      2/29/96      274-4184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)