

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00\*

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000032818 (50)

1. Corporation Name

**HERSO'S CORPORATION**

Principal Place of Business

Mailing Address

**19477 NE 10 AVE  
SUITE 116  
NORTH MIAMI BEACH, FL  
33179**

**19477 NE 10 AVENUE  
SUITE 116  
N. MIAMI BEACH, FL  
33179**

3. Date Incorporated or Qualified  
**05-03-1993**

3a. Date of Last Report

2. Principal Place of Business  
21 **1131 SORRENTO DRIVE**

2a. Mailing Address  
26 **7098 BONITA DRIVE**

4. FEI Number  
**65-0399755**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23 **FT. LAUDERDALE, FLORIDA**

28 **MIAMI BEACH, FL 33141**

24 Zip **33326**

25 Country **US**

29 Zip **33141**

30 Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERRERA, MARIA G  
19477 NE 10 AVENUE  
SUITE 116  
NORTH MIAMI BEACH, FL 33179**

81 Name

**HERRERA, BENJAMIN**

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

**1131 SORRENTO DRIVE**

83

84 City

**FT. LAUDERDALE**

**FL**

85 Zip Code **33326**

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]*

(NOTE: Registered Agent signature required when reinstating)

**04-25-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD HERRERA, BENJAMIN**  
STREET ADDRESS **19477 NE 10 AVENUE, STE. # 116**  
CITY-STATE-ZIP **NORTH MIAMI BEACH, FL 33179**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD HERRERA, BENJAMIN**  
1.3 STREET ADDRESS **1131 SORRENTO DRIVE**  
1.4 CITY-STATE-ZIP **FT. LAUDERDALE, FL 33326**

TITLE ☐ DELETE  
NAME **VD HERRERA, MARIA G**  
STREET ADDRESS **19477 NE 10 AVENUE, SUITE # 116**  
CITY-STATE-ZIP **NORTH MIAMI BEACH, FL 33179**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VD HERRERA, MARIA G**  
2.3 STREET ADDRESS **1131 SORRENTO DRIVE**  
2.4 CITY-STATE-ZIP **FT. LAUDERDALE, FL 33326**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is stated 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Phone #

**President 04-25-97 (954) 349-2593**

CR2E034 (9/96)