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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

E)IVISION OF CORPORATIONS

DOCUMENT # P94000014290 (8)

ULRICH HERZFELD, INC.

FILED
Jan 17 1997 8:00am
Secretary of State

- I PORKIPORI JAR ISKI	CIRTH CHIN FRINCE	BERT BELGE HARRED II	KAN KANTAN INDIK MAKATAN

Principal Place of Business Mailing Addre		Address			ı LOBELLABEL DER ADARK ONUN MUNIST MODILE DALLEL	n LOBENDEN 1966 ADAN ONDEN MARKE MONEY DREIGN DER DE PROME FEDER ABUNT ONDER FEBER		
4850 NW 102ND AVE APT 202 MIAMI FL 33178		4850 NW 102ND AVE APT 202 MIAMI FL 33178-2225						
MIPHINI TE COTT		WILLIAM I E OUT				3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report 01/30/1996	
2. Principa Pt	ace of Business	2a. Mailing Add	dress			4. FEI Number 65-0477532	Applied For Not Applicable	
Suite, Apt +	#, etc.	Suite, Apt.	#, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	C	ountry	/	8. This corporation has liability for in		
24	25	29	30				Yes No	
	9. Name and Address of Curr	ent Registered Agent	!	-	None	10. Name and Address of New Reg	Istered Agent	
	ZFELD, ULRICH			81	Name	2		
4850 APT	NW 102ND AVE			82	Stree	t Address (P.O. Box Number is Not Acceptable	e)	
. –	202 MI FL 33178			83				
				84	City		85 Zip Code	
office or re	to the provisions of Sections 607.0 egistored agent or both, in the Str ri familiar with, and accept the cos	ite of Florida. Such cha	ande was authori	zed by	the co	d corporation submits this statement for the purporation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	
SIGNATURE	Stgoat in its act or product name of region is a	agent and the dappleaner	(NOTE Regist	eren Age	ent signatu	are required when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
THILE	P		DELETE 1.	1 TITLE			Change Addition	
NAME	HERZFELD, ULRICH		1:	2 NAME			ļ	
STREET ADDRESS	4850 NW 102ND AVENUE, /	APT 202	1	3 STREET	ADDRESS	i !		
CITY - ST - ZIP	MIAMI FL			4 CITY-S	ST-ZIP			
TITLE			DELETE 2	TITLE			Change Addition	
NAME			2.	2 NAME				
STREET ADDRESS			2	3 STREET	ADDRESS	5 2	į	
CITY-S1-ZiF			2	4 CITY -	ST-ZIP			
TITLE			DELETE 3	1 TITLE			Change Addition	
NAME			3.	2 NAME				
STREET ADDRESS			3.	3 STREET	ADDRESS	3		
CITY-ST ZIP			3.	4 CITY	ST-ZIP			
TITLE			DELETE 4	1 TITLE			Change Addition	
NAME			4.	2 NAME				
STREET ADDRESS			4	3 STREE	ADDRESS	: (
CITY - ST - ZIP			4	4 CITY - 5	ST-ZIP			
Tille				1 TITLE			Change Addition	
NAME			5	2 NAME				
STREET ADDRESS			5.	3 STREE	T ADDRESS			
CHTY+ST+ZIP			5.	4 CITY - S	ST-ZIP			
TITLE				1 TITLE			Change Addition	
NAME		_	6	2 NAME				
STREET ADDRESS					T ADDRESS	3		
CITY - ST - ZIP				4 CITY-:				
2111 21 411								

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath, that I am an officer or director of the corporation or the redevice or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changing, of our an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97

30/ 891 4131

e Phone *