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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # P940	000032849 (9)				
,	AL & HERNANDEZ, P.A.		-		7 (4 0 () 0 () 1 () () () () () () () () (18111 28 111 88 11	(8 1811 2 1488) 1811) 818(2 1811) 1811
Original Place	7 Ph. 21						
·	Principal Place of Business Mailar				(************************************	Olis Obiri maro	# 1194# 41##1 E#151 #1#1# 1#11 (##1
1800 W HIBISCUS BLVD 1800 W HIBISCUS BL			BLVD		ļ		
	NE FL 32901	#112 MELBOURNE FL 32:	901		<u></u>		
			•••		3. Date Incorporated or Qualified 04/28/1994	3a. Dai	e of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	l	10/09/1995
21		26	[26]		59-3240660		Applied for Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional	
City & State	Ω	City P. Chata			C. Common C. Ordina Dosnos	L)	Fee Required
23	V	City & State			6. Election Campaign Financing		\$5.00 May Be
Zıp	Country	Zip	Counti	v	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
4	25	29	30	•		mangibie t ∃No	ax under s. 199.032,
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I		Agent
20041	19111100 P		8	Name			
	L, ARMANDO E		82	Street Add	ress (P.O. Box Number is Not Acceptat	ble)	
1600 W EAU GALLIE BLVD Suite 204			8:			·	
	DURNE FL 32935		٥,	<u>'</u>			
	701111E 1 E 02000		84	City			85 Zip Code
11. Pursuant to or registere familier with	o the provisions of Sections 607.050 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and €07.1608, Florida Statut irida. Such change was authoriz	es, the above red by the con	L named corpo poration's boa	ration submits this statement for the purific of directors. Thereby accept the app	rpose of ch	anging its registered office
SIGNATURE _	m, and accept the obligations of, Se	ction 607.0505, Florida Statutes	6.		,		regional agoni. Pari
	Signature, typed or printed name of registered ago		DTL: Registered Age	nt signature require	of when reinstating)	DATE	
12.	OFFICERS A	ND D'RECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12
NAME	ROSAL, ARMANDO E	DELETE				[Change Addition
STREET ADDRESS	1800 W HIBISCUS BLVD	#110	1.2 NAME				
CITY-ST-ZIP	MELBOURNE FL 32901	F112		1 ADDRESS			
TITLE	D	☐ DELETE	1.4 CITY- 2.1 TITLE	\$1-7:P			7 Carrer 57 1446
NAME	HERNANDEZ, TONY III		2 2 NAME			l.	Change Addition
STREET ADDRESS	1800 W HIBISCUS BLVD	F112		ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901		24 Cily-				
TITLE		☐ DELETE	3 1 TITLE]	Change Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3. STREE	I ADDRESS			
OTY-ST-ZIP TITLE		F3 No. cro	3 4 C(1Y -)	S1 · ZIP	100.00		
IAME		DELETE	4. 1 TITLE			Ĺ	Change Addition
TREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREET				
ITLE		DELETE	4.4 C/TY - 5 5 1 T/TLE	ST - ZIP			7.0
IAME		EJ ottere	5.2 NAME			L	Change Addition
TREET ADDRESS			5.3 STREET	Annaecc			
ITY-ST-ZIP			5.4 CHY- S				
ITLE		☐ DÉLETE	6 1 TITLE				Change [] Addition
AME			6.2 NAME				7 evende
TREET ADDRESS			6.3 STREET	ADDRESS			
A Lda barabu	portification in the inf		6 4 CITY - S	T- ŽIP			
certify that t	certify that the information supplied the information indicated on this ann	with this fring is voluntarily furni ua! report or supplemental anni	shed and doe	s not qualify for	or the exemption stated in Section 119 (te and that my signature shall have the	37(3)(k), Flor	ida Statutes. I further
oath; that I	am an officer or director of the corp Block 12 or Block 13 changed, or	oration or the receiver or trustee	ompoworod (o and accura	te and that my signature shall have the	same legal (orida Statute	effect as if made under as; and that my name
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on a second representation, of) an attacher and with an addre	Arm	ando E	E. Rosa [HAO 196	40	7-
SIGNATU	JRE: //mwwold	- 15 Kard		-,- 4	#RO 196	72	8-2300
	SONATURE AND TYPED TO	B PRINTEL NAME OF SIGNING OFFICE	A OR DIRECTOR		(Jalo	Da	ytime Phone #