

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PH 12: 05

DOCUMENT # P94000062258 (6)

1. Corporation Name:
HERNAN RESTAURANT, INC.

Principal Place of Business Mailing Address
8201 NW 8TH ST APT 413 8201 NW 8TH ST APT 413
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report
4. FEI Number 65-0526082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HERNANDEZ, ANTONIO
8201 NW 8TH ST APT 413
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P O Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	HERNANDEZ, ANTONIO
12.3 STREET ADDRESS	8201 NW 8TH ST APT 413
12.4 CITY, ST, ZIP	MIAMI FL 33126
12.5 TITLE	D
12.6 NAME	HERNANDEZ, ALBERTINA
12.7 STREET ADDRESS	8201 NW 8TH ST APT 413
12.8 CITY, ST, ZIP	MIAMI FL 33126
12.9 TITLE	D
12.10 NAME	HERNANDEZ, CARLOS
12.11 STREET ADDRESS	8201 NW 8TH ST APT 413
12.12 CITY, ST, ZIP	MIAMI FL 33126
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 199.032(3)(b), Florida Statute. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED, PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1995 305-324 4303