

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
Division of CORPORATIONS

APPROVED  
FILED

50 MAY 11 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093891 (7)**

1. Corporation Name

**JORGE HERNANDEZ & ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6824 PHILLIPS PKWY DR SOUTH JACKSONVILLE FL 32256**  
Mailing Address: **P O BOX 23007 JACKSONVILLE FL 32241**

3. Date Incorporated or Qualified <b>12/28/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3286537</b>	Applies For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Directors/Officers/Shareholders/Total Paid Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 190 (35) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HERNANDEZ, JORGE  
6824 PHILLIPS PKWY DR SOUTH  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

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

**FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D HERNANDEZ, JORGE</b>
12.2 STREET ADDRESS	<b>6824 PHILLIPS PKWY DR SOUTH JACKSONVILLE FL 32256</b>
12.3 CITY, ST, ZIP	
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS		
13.3 CITY, ST, ZIP		
13.4 NAME		
13.5 STREET ADDRESS		
13.6 CITY, ST, ZIP		
13.7 NAME		
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		
13.10 NAME		
13.11 STREET ADDRESS		
13.12 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 130.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 a person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attached form with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-98