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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000024386** (1)

BLADIMIR HERNANDEZ, INC.

Principal Place 5720 14TH AVI NAPLES FL 33		Mailing Address 5720 14TH AVENUE, S.W NAPLES FL 34118-4918	· · · · · · · · · · · · · · · · · · ·			
				3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Report 05/01/1996	
2. Principal I	Place of Business	2a. Mailing Address	44 Ausw	4. FEI Number	Applied For	
21 5 /J4 Suite, Apt	DIGH AMESW	26 5720 /1 Suite, Apt. #, etc.	4. Burson	65-0506637	Not Applicable	
22	π , υιο	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	les, Florida	City & State	Florita	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
71D 24 3411	Country	29 34/14	30 Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032. Yes No	
9, Name and Address of Current Registered Agent				10. Name and Address of New Re	10. Name and Address of New Registered Agent	
3720 14111 AVENUE, 3.1V. [82] Street Addres				ddress (P.O. Box Number is Not Acceptal	FL 85 Zip Code	
office or agent. I	/ J 1	Andez, DPESI		corporation submits this statement for the joration's board of directors. I hereby acce	pt the appointment as registered 1-3/-9-7	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	P	DELETE	1.1 TITLE	P	Change Addition	
NAME	HERNANDEZ, BLADIMIR		1.2 NAME	Bladidinir Hermader	<u>_</u> ,	
STREET ADORESS	5720 14TH AVENUE, S.W. NAPLES FL 33999		1.3 STREET ADDRESS	5720 144 Dul SW		
CHTY - S1 - 712		die DELETE	1 4 City - St - ZiP	NAPLOS F1 34116	Discourse No. Andrews	
1015	CAPOL J. HERNA	(i)	21 TITLE	UP CAKE J. HERABUDER 5720 144 AUSW NUMBER FL 34116	Change 🙀 Addition	
NAME ENGLISHMEN	other of the sur	34116	2.2 NAME 2.3 STREET ADDRESS	CARD We dell Se		
SIRELI ADDRESS	UNDIES HOLTON	2 ALIA	2.3 STREET ADDRESS 2 4 City-St-Zip	MANIX EL BUILLO		
CHY-ST-ZIP	VI I	☐ DELETE	3.1 TIBLE	duples, i. sille	Change Addition	
MAME			3.2 NAME			
STREET AUDRESS			3.3 STREET ADDRESS			
CITY - ST - ZiP			3.4. DITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STHEE! ADDRESS			4.3 STREET ADDRESS			
CHY-ST ZIP	1		4.4 C(TY-ST-ZIP			

14. 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 Statutes. 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 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 in attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

THILE

NAME

THUE

NAME

STREET ACODRESS C01Y - \$1 - 20P

STREET ADDRESS CITY - ST - 205

MAINE OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 07 1997 8:00am

Secretary of State

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