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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996 **DOCUMENT #**

P95000047524 (0)

HERCKAS INVESTMENT, CORP.

Mailing Address

Principal Place of Business 7883 N.W. 171ST ST. MIAMI FL 33015

7883 N.W. 171ST ST. MIAMI FL 33015



|   |   |                                  |                       |   | 06/19/1995                       |               |                |             |
|---|---|----------------------------------|-----------------------|---|----------------------------------|---------------|----------------|-------------|
| 2. Principal Pla  | ce of Business                                      | 2a, Mailing Address              | 2a. Mailing Address   |   |                                  | L             |                | Applied For |
| 21  |   | 26                               |                       | 65-05962  | 06                               |               | Not Applicable |             |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.              | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired |               | \$8.75         | Additional  |
| 22  |   | [27]                             | 27                    |   | G. Commodic of Oldido 2004 Cd    | L             | Fee f          | Required    |
| City & State  |   | City & State                     | City & State          |   |                                  |               | \$5.0          | O May Be    |
| 23  |   | 28                               |                       |   |                                  |               | Added          | d to Fees   |
| Zip   | Country   | Ziρ                              | Country               |   |                                  | intangible ta | x under s      | 199.032,    |
| 24  | [25]  |                                  | 30                    |   |                                  | □No           |                |             |
| g. Name and Address of Current Registered Agent   |   |                                  |                       |   | 10. Name and Address of New F    | egistered /   | Agent          |             |
| LEON, KATHERINE P<br>7883 N.W. 171SY ST.  |   |                                  |                       | 81 Name   |                                  |               |                |             |
|   |   |                                  |                       | 82 Street Address (P.O. Box Number is Not Acceptable) |                                  |               |                |             |
|   |   |                                  |                       |   |                                  |               |                |             |
| MIAMI FL 33015  |   |                                  | 83                    | 83  |                                  |               |                |             |
|   |   |                                  | 84                    | City  |                                  |               | 85 Zx          | Code        |
|   |   |                                  |                       | Oity  |                                  | FL            | 05 24          | Code        |
| 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |                                  |                       |   |                                  |               |                |             |
| SIGNATURE   |   |                                  |                       |   |                                  |               |                |             |
|   | Signature, typed or printed name of registered ager | it and title if applicable (NOTE | it signature required | d when reinstating)                                   | DATE                             |               |                |             |
| 12.   | 4   |                                  | 13.                   |   | ADDITIONS/CHANGES TO OFF         |               |                | RS IN 12    |
| TITLE   | PD  | ☐ DELETE                         | 1. 1 TIFLE            |   |                                  |               | Change         | Addition    |
| NAME  | LAGOS, HERNAN N                                     |                                  | 1.2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  | 7883 N.W. 171ST ST.                                 |                                  | 1.3 STREE             | ADDRESS   |                                  |               |                |             |
| CITY-ST-ZIP   | MIAMI FL 33015                                      |                                  | 1.4 CITY-5            | ST-ZIP  |                                  |               |                |             |
| TITLE   | VD  | DELETE                           | 2. 1 TITLE            |   |                                  |               | Change         | Addition    |
| NAME  | LAGOS, SARA E                                       |                                  | 2 2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  | 7883 N.W. 171ST ST.                                 |                                  | 2.3 STREE             | ADORESS   |                                  |               |                |             |
| CITY-ST-ZIP   | MIAMI FL 33015                                      |                                  | 2.4 CITY-5            | ST-ZIP  |                                  |               |                |             |
| TITLE   | SD  | DELETE                           | 3 1 11111.6           |   |                                  | [             | Change         | Addition    |
| NAME  | Leon, Katherine P                                   |                                  | 3.2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  | 7883 N.W. 171ST ST.                                 | 33.5                             |                       | T ADDRESS   |                                  |               |                |             |
| CITY-ST-ZIP   | MIAMI FL 33015                                      |                                  | 3 4 City - 5          | S1 - ZIP  |                                  |               |                |             |
| TITLE   | TO  | DELETE                           | 4. 1 TITLE            |   |                                  |               | Change         | Addition    |
| NAME  | LAGOS, HERNAN N JR.                                 | ₹*                               | 4 2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  | 7883 N.W. 171ST ST.                                 |                                  | 4.3 STREE             | ADDRESS   |                                  |               |                |             |
| CITY-ST-ZIP   | MIAMI FL 33015                                      |                                  | 4.4 C(TY+)            | ST-ZIP  |                                  |               |                |             |
| TITLE   |   | DELETE                           | 5 1 TITLE             |   |                                  |               | Change         | Addition    |
| NAME  |   |                                  | 5 2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  |   |                                  | 5 3 STREE             | ADDRESS   |                                  |               |                |             |
| CITY-ST-ZIP   |   |                                  | 5 4 CITY - 5          | S1- <b>Z</b> IP                                       |                                  |               |                |             |
| TITLE   |   | ☐ D€L€†E                         | 6 1 TITLE             |   |                                  |               | Change         | Addition    |
| NAME  |   | <b>A</b>                         | 6.2 NAME              |   |                                  |               |                |             |
| STREET ADDRESS  | _   | /\                               | 6 3 STREE             | ADDRESS   |                                  |               |                |             |
| CITY-ST-ZIP   | $\wedge$  | . / [                            | 6.4 CITY - 5          | 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report all annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the composation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapter, or on an attachment with an address. |   |                                  |                       |   |                                  |               |                |             |

SIGNATURE:

Daytinie Phone #