

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000012989 (5)**

1. Corporation Name
GLEN HERMAN ENTERPRISES, INC.



Principal Place of Business 45 N.W. 79TH STREET MIAMI FL 33150	Mailing Address 45 N.W. 79TH STREET MIAMI FL 33150-3013
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3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
4. FEI Number 65-0644832	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PALMIERI, THOMAS J 1428 BRIKCELL AVENUE 6TH FLOOR MIAMI FL 33131	10. Name and Address of New Registered Agent
	81 Name RICHARD G. BUHRMASTER
	82 Street Address (P.O. Box Number is Not Acceptable) 45 NW 79 Street,
	83
	84 City Miami
	85 Zip Code FL 33150

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 *Richard G. Buhrmaster* DATE **03/06/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUHRMASTER, RICHARD G		1.2 NAME ERNESTO PEREZ	
STREET ADDRESS % 45 N.W. 79TH ST.		1.3 STREET ADDRESS 45 NW 79 Street, Miami, FL 33150	
CITY- ST- ZIP MIAMI FL 33150		1.4 CITY- ST- ZIP	
TITLE SV	<input type="checkbox"/> DELETE	2.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARDLOW, CLIFFORD H		2.2 NAME RICHARD G. BUHRMASTER	
STREET ADDRESS % 45 N.W. 79TH ST.		2.3 STREET ADDRESS 45 NW 79 Street, Miami, FL 33150	
CITY- ST- ZIP MIAMI FL 33150		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME CLIFFORD H. WARDLOW	
STREET ADDRESS		3.3 STREET ADDRESS 45 NW 79 Street, Miami, FL 33150	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- 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 an attachment with an address.

SIGNATURE: *Ernesto Perez* **Ernesto Perez** *March 6/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)