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FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000102648

1. Corporation Name

HENDRON CORPORATION

Principal Place of Business

Mailing Address

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4874
MIAMI FL 33131

C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., STE. 4874
MIAMI FL 33131-5339

3. Date incorporated or qualified
12/20/96

3a. Date of last report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

4. FEI Number

Applied For
(Not Applicable)

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.132,
Florida Statutes. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 S. BISCAYNE BLVD.
SUITE 4874
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature required on this form if change of registered office or agent is being made.

Signature required on this form if change of registered office or agent is being made.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D/P/S ☐ DELETE

2. NAME Soledad de los Angeles

3. STREET ADDRESS Hernandez Sastre

4. CITY-STATE-ZIP 200 S. Biscayne Boulevard

5. TITLE Miami, FL 33131 ☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

Director.-

Soledad de los Angeles Hernández Sastre

200 S. Biscayne Boulevard,

Miami, FL. 33131.-

Secretary.-

Manuel Gurría Hernández.-

200 S. Biscayne Boulevard,

Miami, FL. 33131.-

Assistant Secretary.-

Enrique Jorge Gurría Hernández.-

200 S. Biscayne Boulevard,

Miami, FL. 33131.-

Treasurer.-

Jorge Luis Gurría Hernández.-

200 S. Biscayne Boulevard,

Miami, FL. 33131.-

Assistant Treasurer.-

Barbara Gurría Hernández.-

200 S. Biscayne Boulevard,

Miami, FL. 33131

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***165.00

14. I do hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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.