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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business

Suite, Apt. #, etc.

SUITE 700 **MIAMI FL 33126** 

D

HERRAN, EZEQUIEL

**MIAMI FL 33175** 

HERRAN, NANCY

**MIAMI FL 33175** 

HERRAN, VIVIAN

MIAMI FL 33175

HERRAN, JAVIER

MIAMI FL 33175

14020 S.W. 36 STREET

14020 S.W. 36 STREET

14020 S.W. 36 STREET

14020 S.W. 36 STREET

**GNATURE** 

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City & State



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P9700008145

1. Corporation Name E. HERRAN FAMILY CORPORATION

## Principal Place of Business Mailing Address 4020 S.W. 36 STREET 14020 S.W. 36 STREET IIAMI FL 33175 MIAMI FL 33175

Country

MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE

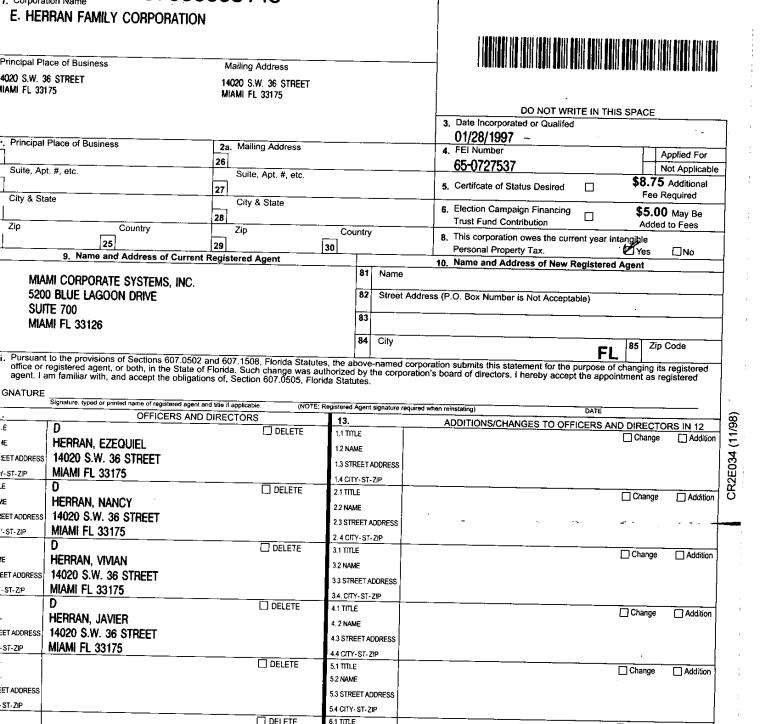
9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90136 025 \*\*\*150.00



I 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 effect 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

**SNATURE:** 

MOULAND MALLSTAND OFFICER OR DIRECTOR

*7.05-559-37*3/

Change

Addition