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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMEN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044233 (9)

HUMBERTO HERNANDEZ, P.A.

Principal Place of Business

Mailing Address

FILED
Jan 29 1998 8:00am
Secretary of State



Fillicipal Flace of Dusiliess	Mailing Address			
3211 PONCE DE LEON BLVD.	3211 PONCE DE LEON BLV	ľD.		
SUITE 202	SUITE 202		DO NOT WRITE IN THE	IC COACE
CORAL GABLES FL 33134	CORAL GABLES FL 33134		DO NOT WRITE IN THI	S SPACE
			3. Date incorporated or Qualified	
2. Principal Place of Business	Los Mailles Address		05/19/1997 4. FEI Number	1
□ · · · · · · · · · · · · · · · · · ·	2a. Mailing Address	na Lann Blun		Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.	كالأوا حاممه هم	65 0112-14	Not Applicable
22 204	27 204		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State GABLES, FL.	City & State 28 CORA GAB	les, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 33134 25 USA	29 33134 3	่∍ับีSA	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registere	d Agent
FILINGS, INC. 81 Name HUMBERTO HERNANDEZ				
3732 N.W. 16TH STREET		82 Street Addre		1 1/41/0
FT. LAUDERDALE FL 33311-4132		32	I PONCE DE LEON B	LVD
		83	204	
		84 City	, 200-	OF Zin Code
		´C.OYZ	al Cables, FL. F	L 85 Zip Code 33.134
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familier with, and acceptane obligate	and 607.1508, Florida Statutes	, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of	Florida. Such charge was aut ons of Section 200 0505 Flori	horized by the corporation	in's board of directors. I hereby accept the ap	ppointment as registered
		MBERIOI	GRNANDEZ 1.	12.98
SIGNATURE Signature, typed or printed name of registered agent a		Registered Agent signature required	d when reinstating) DATE	7 70
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE D	DELETE	1,1 TITLE		Change Addition
NAME HERNANDEZ, HUMBERTO		1.2 NAME		
STREET ADDRESS 3211 PONCE DE LEON BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2, 4 CITY-ST-ZIP	New Laws	
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4,4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		ĺ
i l		5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
· · ·		6.3 STREET ADDRESS		
STREET ADDRESS				
City-St-ZiP 14 Liberary certify that the information supplied with	this filma does not qualify for t	6.4 City-St-ZIP	ection 119 07(3)(i) Florida Statutes I further	certify that the information
14. I hereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation of the receive	nnual report is true and accurate or trustee empowered to ex-	ate and that my signature ecute his report as requir	shall have the same legal effect as if made tred by Chapter 607, Florida Statutes; and that	under oath; that I am an