

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 27 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G13230** (9)

1. Corporation Name  
**DAVID HERNANDEZ FINANCIAL SERVICES INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**4815 E BUSCH BLVD** **4815 E BUSCH BLVD #109**  
**109** **109**  
**TAMPA FL 33617** **TAMPA FL 33617**  
**US** **US**

3. Date Incorporated or Qualified: **12/14/1982** 3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number: **59-2237825** Applied For:  Not Applicable:

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HERNANDEZ, DAVID J.**  
**4815 E BUSCH BLVD**  
**STE 109**  
**TAMPA FL 33617**

10. Name and Address of New Registered Agent  
**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 607.1508, 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: *David Hernandez* DATE: **1-26-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>HERNANDEZ, DAVID J</b>
STREET ADDRESS	<b>4815 E BUSCH BLVD STE 109</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b>
NAME	<b>HERNANDEZ, IRENE</b>
STREET ADDRESS	<b>4815 E BUSCH BLVD STE 109</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>SVT</b>
NAME	<b>GROENE, CHANTELE</b>
STREET ADDRESS	<b>4815 E BUSCH BLVD STE 109</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b>
NAME	<b>HERNANDEZ, DAVID K</b>
STREET ADDRESS	<b>4815 E BUSCH BLVD STE 109</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 110.07(3)(k), 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: *David Hernandez Pres.* DATE: **1-26-95** **813-992397**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID J. HERNANDEZ**