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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Martha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **523193** **(1)**

1. Corporation Name

HERMANOS BERMUDO INC.

Principal Place of Business	Mailing Address
661 W. FLAGLER ST. **MIAMI FL 33130-1201**	**2333 BRICKELL AVE.. #2112** **MIAMI FL 33129**

3. Date Incorporated or Qualified: **01/21/1977**	3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-1777698**	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MARTA BERMUDO
2333 BRICKELL #~~33~~ 2112
2333 BRICKELL AVE
MIAMI FL 33129

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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERMUDO, RAFAEL		1.2 NAME		
STREET ADDRESS	COND GARDEN HILLS PLAZA I APT 503		1.3 STREET ADDRESS		
CITY-ST-ZIP	GUAYNABO P		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERMUDO, JUAN		2.2 NAME		
STREET ADDRESS	MANSIONES DE ALEJANDRINO		2.3 STREET ADDRESS		
CITY-ST-ZIP	GUAYNABO P		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERMUDO, GUSTAVO		3.2 NAME		
STREET ADDRESS	REY CONSTANTINO 204		3.3 STREET ADDRESS		
CITY-ST-ZIP	TORRINAR GUAYNABO P		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERMUDO, MARTA		4.2 NAME		
STREET ADDRESS	2333 BRICKELL AVE APT 2112		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAIMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERMUDO, GLORIA		5.2 NAME		
STREET ADDRESS	RAMIREZ DE ARELLANODA-6		5.3 STREET ADDRESS		
CITY-ST-ZIP	GRDS HILLS, BAYAMON		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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: Marta Bermudo MARTA BERMUDO 1/22/96 (305) 228-4061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #