

Jan 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 523193

(1)

1. Corporation Name

HERMANOS BERMUDO INC.

Principal Place of Business

661 W. FLAGLER ST.
MIAMI FL 33130-1201

Mailing Address

2333 BRICKELL AVE., #2112
MIAMI FL 33129-2416

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

01/30/1996

4. FEI Number

59-1777698

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

MARTA BERMUDO
2333 BRICKELL # 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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME BERMUDO, RAFAEL
STREET ADDRESS COND GARDEN HILLS PLAZA I APT 503
CITY-ST-ZIP GUAYNABO PTITLE D ☐ DELETENAME BERMUDO, JUAN
STREET ADDRESS MANSIONES DE ALEJANDRINO
CITY-ST-ZIP GUAYNABO PTITLE D ☐ DELETENAME BERMUDO, GUSTAVO
STREET ADDRESS REY CONSTANTINO 204
CITY-ST-ZIP TORRINAR GUAYNABO PTITLE SD ☐ DELETENAME BERMUDO, MARTA
STREET ADDRESS 2333 BRICKELL AVE APT 2112
CITY-ST-ZIP MAIMI FLTITLE D ☐ DELETENAME BERMUDO, GLORIA
STREET ADDRESS RAMIREZ DE ARELLANODA-6
CITY-ST-ZIP GRDS HILLS, BAYAMONTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

1285-4861

Daytime Phone #

CR2E034 (9/96)