

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

FILED

Jun 10 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra S. Morham</b><br>Secretary of State<br>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**



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |                                       |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>01/21/1977</b>  |                                       |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1777698</b>  | Applied For<br>Not Applicable         |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent          |                       |
| <b>MARTA BERMUDO<br/>2333 BRICKELL # 2112<br/>2333 BRICKELL AVE<br/>MIAMI FL 33129</b> |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PD <input type="checkbox"/> DELETE       | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERMUDO, RAFAEL</b>                   | 1.2 NAME  | <b>BERMUDO, RAFAEL</b>   |
| STREET ADDRESS             | <b>COND GARDEN HILLS PLAZA I APT 503</b> | 1.3 STREET ADDRESS                                    | <b>449 EAST 52ND ST.</b>   |
| CITY-ST-ZIP                | <b>GUAYNABO P</b>                        | 1.4 CITY-ST-ZIP                                       | <b>HALEAH FL 33013</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BERMUDO, JUAN</b>                     | 2.2 NAME  | <b>BERMUDO, JUAN</b>   |
| STREET ADDRESS             | <b>MANSIONES DE ALEJANDRINO</b>          | 2.3 STREET ADDRESS                                    | <b>MANSIONES DE ALEJANDRINO</b>  |
| CITY-ST-ZIP                | <b>GUAYNABO P</b>                        | 2.4 CITY-ST-ZIP                                       | <b>GUAYNABO PR</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BERMUDO, GUSTAVO</b>                  | 3.2 NAME  | <b>BERMUDO GUSTAVO</b>   |
| STREET ADDRESS             | <b>REY CONSTANTINO 204</b>               | 3.3 STREET ADDRESS                                    | <b>P.R.I.C.</b>  |
| CITY-ST-ZIP                | <b>TORRINAR GUAYNABO P</b>               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BERMUDO, MARTA</b>                    | 4.2 NAME  | <b>BERMUDO MARTA</b>   |
| STREET ADDRESS             | <b>2333 BRICKELL AVE APT 2112</b>        | 4.3 STREET ADDRESS                                    | <b>2333 BRICKELL AVE # 2112</b>  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                          | 4.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33129</b>  |
| TITLE                      | D <input type="checkbox"/> DELETE        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BERMUDO, GLORIA</b>                   | 5.2 NAME  | <b>BERMUDO GLORIA</b>  |
| STREET ADDRESS             | <b>RAMIREZ DE ARELLANODA 6</b>           | 5.3 STREET ADDRESS                                    | <b>RAMIREZ DE ARELLANODA 6</b>   |
| CITY-ST-ZIP                | <b>GRDS HILLS, BAYAMON</b>               | 5.4 CITY-ST-ZIP                                       | <b>GARDEN HILLS, GUAYNABO, P.R. 00954</b>                                    |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  | <b>900002555079</b>  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <b>-06/10/98--01069--040</b>   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <b>***150.00</b>   |

14. 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 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* 4/27/98 30-22-4861

CR2E034 (10/97)