

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # 851583 (5)
 1. Corporation Name
NEW HERMES, INCORPORATED



Principal Place of Business Mailing Address
535 CONNECTICUT AVE. NORWALK CT 06854
535 CONNECTICUT AVE. NORWALK CT 06854-1700

3. Date Incorporated or Qualified **01/13/1982** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **38-2100984** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOURNO, ALBERT	
STREET ADDRESS	535 CONNECTICUT AVENUE	
CITY - ST - ZIP	NORWALK CT	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, JAMES	
STREET ADDRESS	6 NORTH PASTURE ROAD	
CITY - ST - ZIP	WESTPORT CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHIN, KENNETH	
STREET ADDRESS	OLD HOLLOW ROAD	
CITY - ST - ZIP	TRUMBULL CT	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JULLIEN, YVES	
STREET ADDRESS	535 CONNECTICUT AVENUE	
CITY - ST - ZIP	NORWALK CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMITT, VICTOR	
STREET ADDRESS	535 CONNECTICUT AVENUE	
CITY - ST - ZIP	NORWALK CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Treasurer + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Journno, Albert	
1.3 STREET ADDRESS	535 Connecticut Avenue	
1.4 CITY - ST - ZIP	Norwalk, CT 06854	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen Caldwell	
2.3 STREET ADDRESS	630 Winnmark Drive	
2.4 CITY - ST - ZIP	Roswell, GA 30076	
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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth Chin 4-28-97 (203) 8527000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)