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CORPORATION ANNUAL REPORT



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

1996

F10247 **DOCUMENT #**

(7)

HERMEX FLORIDA CORP.

Principal Place of Business

Mailing Address

16 E COMMERCIAL BLVD. I ALID DV THE GEA EL 22200

16 E COMMERCIAL BLVD. TAUD BY THE SEA EL 99900



CAUD 01 1	THE GER TE WOOD	CHOO OF THE OCH TE O	3000				
					Date Incorporated or Qualified 11/07/1980	3a. Date of La 05/01	
_	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2214329		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be
Zip	Country	Zip	Count	try	8. This corporation has liability for in	tangible tax und	
24	25		30		Florida Statutes		
	9. Name and Address of Currer	nt Hegistered Agent		1 Name	10. Name and Address of New Re	gistered Agen	
				Name			
PEREZ, RICARDO A 246 AVALON AVENUE LAUD BY THE SEA FL 33308			8	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			8	4 City		FL 85	Zip Code
or registe	to the provisions of Sections 607.0502 ered agent, or both, in the State of Flori vith, and accept the obligations of, Sect	da. Such change was authorized	the above by the co	e-named co rporation's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing ntment as regis	its registered office tered agent. I am
SIGNATURE	Signature, typed or pilmed name of registered agent	l and title if applicable (NOTE:	Registered A	gent signature re	equired when reinstaling)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	C ORS IN 12
TITLE	Р	DELETE	1. 1 TITU	.E		Ch.	ange Addition
NAME	PEREZ, RICARDO		1.2 NAM	IE			
STREET ADDRESS	246 AVALON AVENUE		1.3 STR	EET ADDRESS			
C(TY - ST - Z(P	LAUD BY THE SEA FL		1.4 CITY	'-ST-ZIP			
TITLE	S	DELETE	2. 1 7171	.ξ		Chi	ange
NAME	PEREZ, LILIANA		2.2 NAM	IE			
STREET ADDRESS	246 AVALON AVENUE		2.3 STR	EET ADDRESS			
CITY - ST - ZIP	LAUD BY THE SEA FL		2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3. 1 TITL			☐ Ch	ange
I-AME	ĺ		3.2 NAM	re l			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP				'- ST- ZIP			
TITLE		DELETE	4. 1 T(T)			☐ Ch	ang: 🔲 Addition
NAME		-	4.2 NAM	IE .			
STREET ADDRESS							
			4.3 STR	EET ADDRESS			
CrTY-ST-ZIP		☐ DELETE		'-ST-ZIP		☐ Ch	ang: Addition
CTTY-ST-ZP		☐ DELETE	4.4 CiTy	-ST-ZIP LE		☐ Ch	ang > Addition
C+TY-ST-Z+P T+TLF NAME		☐ DELETE	4.4 CITY 5. 1 TITL 5.2 NAM	' - ST - ZIP .E IE		Ch	ang: Addition
CHTY-ST-ZIP THILF NAME STHEET ADDRESS		☐ DELETE	4.4 CITY 5. 1 TITL 5.2 NAM 5.3 STRI	'-ST-ZIP LE ME EET ADDRESS		□ Ch	ang: Addition
CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP		_	4.4 CITY 5. 1 TITL 5.2 NAM 5.3 STRI 5.4 CITY	'-ST-ZIP LE NE EET ADDRESS '-ST-ZIP			
CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THEF		☐ DELETE	4.4 CITY 5. 1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6. 1 TITL	'-ST-ZIP LE ME EET ADDRESS '-ST-ZIP LE		Ch	
CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	'-ST-ZIP LE ME EET ADDRESS '-ST-ZIP LE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRU 5.4 CITY 6.1 TITU 6.2 NAM 6.3 STRU	'-ST-ZIP LE ME EET ADDRESS '-ST-ZIP LE			

certify that the information indicated on this annual eport presupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 any attachment with an address.

4 - 28 - 96 Date

(305) 776-0404