
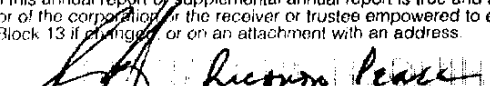


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F10247 (7)</b>					
1. Corporation Name <b>HERMEX FLORIDA CORP.</b>					
Principal Place of Business <b>16 E COMMERCIAL BLVD. LAUD BY THE SEA FL 33308</b>			Mailing Address <b>16 E COMMERCIAL BLVD. LAUD BY THE SEA FL 33308-3602</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1980</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-2214329</b>	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>PEREZ, RICARDO A 246 AVALON AVENUE LAUD BY THE SEA FL 33308</b>				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)				83.	
DATE				84. City	
12. OFFICERS AND DIRECTORS				85. Zip Code	
1.1 TITLE				FL	
1.2 NAME				85. Zip Code	
1.3 STREET ADDRESS				85. Zip Code	
1.4 CITY - ST - ZIP				85. Zip Code	
2.1 TITLE				85. Zip Code	
2.2 NAME				85. Zip Code	
2.3 STREET ADDRESS				85. Zip Code	
2.4 CITY - ST - ZIP				85. Zip Code	
3.1 TITLE				85. Zip Code	
3.2 NAME				85. Zip Code	
3.3 STREET ADDRESS				85. Zip Code	
3.4 CITY - ST - ZIP				85. Zip Code	
4.1 TITLE				85. Zip Code	
4.2 NAME				85. Zip Code	
4.3 STREET ADDRESS				85. Zip Code	
4.4 CITY - ST - ZIP				85. Zip Code	
5.1 TITLE				85. Zip Code	
5.2 NAME				85. Zip Code	
5.3 STREET ADDRESS				85. Zip Code	
5.4 CITY - ST - ZIP				85. Zip Code	
6.1 TITLE				85. Zip Code	
6.2 NAME				85. Zip Code	
6.3 STREET ADDRESS				85. Zip Code	
6.4 CITY - ST - ZIP				85. Zip Code	
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					



4-21-97 (95) 776-0404