2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE:

FILED DOCUMENT # F10247 Jul 25, 2000 8:00 am 1. Entity Name HERMEX FLORIDA CORP. **Secretary of State** 06-22-2000 90050 049 ***150.00 07-25-2000 90001 030 ***400.00 Principal Place of Business Mailing Address 16 E COMMERCIAL BLVD. 16 E COMMERCIAL BLVD. LAUD BY THE SEA FL 33308 LAUD BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2214329 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ. RICARDO A Street Address (P.O. Box Number is Not Acceptable) 246 AVALON AVENUE LAUD BY THE SEA FL 33308 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ■ Addition ☐ Change TITLE ☐ Delete TITLE PEREZ, RICARDO NAME NAME STREET ADDRESS 246 AVALON AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUD BY THE SEA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEREZ. LILIANA NAME NAME STREET ADDRESS STREET ADDRESS 246 AVALON AVENUE CITY-ST-ZIP CITY-ST-ZIP LAUD BY THE SEA FL ☐ Change ☐ Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

7-11-00

6/22/00-90050-049-\$150.00-\$150.00 2000 UNIFORM BUSINESS REPORT (UBR) Attachment 20073643 DOCUMENT # F10247 HERMEX FLORIDA CORP. Mailing Address Principal Place of Business 16 E COMMERCIAL BLVD. 16 E COMMERCIAL BLVD. LAUD BY THE SEA FL 33308-3602 LAUD BY THE SEA FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2214329 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ~8.:Name and Address of Current Registered Agent PEREZ RICARDO A Street Address (P.O. Box Number is Not Acceptable) 246 AVALON AVENUE LAUD BY THE SEA FL 33308 Zło Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. This corporation is eligible to satisfy its Intengible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME PEREZ. RICARDO NAME 캶 STREET ADDRESS 246 AVALON AVENUE STREET ADDRESS CITY-ST-7P CITY-ST-ZIP LAUD BY THE SEA FL Change ☐ Addition TITLE ☐ Delete TITLE PEREZ, LILIANA NAME NAME STREET ADDRESS 246 AVALON AVENUE STREET ADDRESS CITY-ST-ZIP LAUD BY THE SEA FL CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP. Addition ☐ Chance Delete TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7P CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete MIE TITLE MAME NAME STREET ADDRESS STREET ADDRESS ATTY ST-ZIP CITY-ST-7IP 13. 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 report or supplemental 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Date Daytime Phone 6