

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAY 21 AM 8:45

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H26413**  
 1. Corporation Name  
**HERMES INTERNATIONAL, INC.**

Principal Place of Business / Mailing Address  
**8520 SW 83 ST  
 MIAMI FL 33143**

2. Principal Place of Business	2a. Mailing Address
21. <b>8520 SW 83 ST</b>	26. <b>SAME</b>
22. <b>MIAMI FL</b>	27. <b>MIAMI FL</b>
24. <b>33143</b>	28. <b>FLORIDA</b>

3. Date incorporated or Qualified	3a. Date of Last Report
<b>10/19/84</b>	
4. FEI Number	Applied For
<b>1</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent  
**CHARLTA JUNKER  
 8520 SW 83 ST  
 MIAMI FL 33143**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE	12.2 NAME	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
12.3 STREET ADDRESS	12.4 CITY-ST-ZIP	13.3 STREET ADDRESS	13.4 CITY-ST-ZIP
12.5 TITLE <input type="checkbox"/> DELETE	12.6 NAME	13.5 STREET ADDRESS	13.6 CITY-ST-ZIP
12.7 STREET ADDRESS	12.8 CITY-ST-ZIP	13.7 STREET ADDRESS	13.8 CITY-ST-ZIP
12.9 TITLE <input type="checkbox"/> DELETE	12.10 NAME	13.9 STREET ADDRESS	13.10 CITY-ST-ZIP
12.11 STREET ADDRESS	12.12 CITY-ST-ZIP	13.11 STREET ADDRESS	13.12 CITY-ST-ZIP
12.13 TITLE <input type="checkbox"/> DELETE	12.14 NAME	13.13 STREET ADDRESS	13.14 CITY-ST-ZIP
12.15 STREET ADDRESS	12.16 CITY-ST-ZIP	13.15 STREET ADDRESS	13.16 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)(c), 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.

CFR2E034 (9/95)