


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

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**97 JUL 10 AM 8:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # H 59501**  
1. Corporation Name  
**HERMAN & PAUL WATCHMAKERS  
SUPPLY & SERVICES, INC.**

<b>Principal Place of Business</b> <b>36 N.E 3<sup>rd</sup> ST Suite 1027 MIAMI, FL. 33132</b>	<b>Mailing Address</b> <b>36 N.E 3<sup>rd</sup> ST Suite 1027 MIAMI, FL. 33132</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>3. Date Incorporated or Qualified</b> <b>05/130/1997</b>	<b>3a. Date of Last Report</b> <b>07/22/96</b>
<b>4. FEI Number</b> <b>59-2547481</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**JESÚS PABLO ZEPEDA  
36 N.E 3<sup>rd</sup> ST # 1027  
MIAMI, FL. 33132**

<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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** \_\_\_\_\_ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>12. PRESIDENT OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b> <b>President</b> <b>Herman Osorio</b> <b>13967 S.W. 44 Lane Cr</b> <b>Miami, FL. 33175</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b> <b>Secretary</b> <b>Jesus Pablo Zepeda</b> <b>701 S. W. 48 Ave</b> <b>Miami, FL. 33134</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DELETE</b>

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>11</b> TITLE <b>12</b> NAME <b>13</b> STREET ADDRESS <b>14</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21</b> TITLE <b>22</b> NAME <b>23</b> STREET ADDRESS <b>24</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>31</b> TITLE <b>32</b> NAME <b>33</b> STREET ADDRESS <b>34</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>41</b> TITLE <b>42</b> NAME <b>43</b> STREET ADDRESS <b>44</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>51</b> TITLE <b>52</b> NAME <b>53</b> STREET ADDRESS <b>54</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>61</b> TITLE <b>62</b> NAME <b>63</b> STREET ADDRESS <b>64</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 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, as an attachment with an address.**

**SIGNATURE:**  **JESÚS P. ZEPEDA** **6/27/97 305-358-7070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)