FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000061592 (9)

DOCUMENT #
1. Corporation Name

HERMIDA CORP.

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Principal I	Piace of	f Busine:	22

Mailing Address



2. Principal Place of Euclines 2. Melling Address 2. Melling Address 3. Substance Columbia Colu					4841 S.W. 159TH ST. IIAMI FL 33187			·					
Solida, Apt									r Qualified				
Suite, Apt. #, etc.		lace of Busines	s	28.	2a. Malling Address						Applied For		
City & State City &	21			26				65-0602233				Not Applicable	
28	Suite, Apt. #, etc.			ļ ₁	"1			5. Certificate of Status	Desired	7			
24		le		n	City & State				_				
HERMIDA RICARDO 14841 S.W. 159TH ST. 82 Street Address (P.O. Box Number is Not Acceptable)			Country	ļ <u></u>	Zip		•	1			ırıder s	199.032,	
HERMIDA, RICARDO	24					30							
HERMIDA, RICARDO 14841 S.W. 159TH ST. MIAMI FL 33187 82 Street Address (F.O. Box Number is Not Acceptable) 83 Street Address (F.O. Box Number is Not Acceptable) 84 City FL 85 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 or registered agent, i am 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 or registered agent. I am or registered agent, i am or registe		9. Name a	nd Address of (Current Registe	ered Agent		r	10. Name and Addres	s of New R	egistered Ag	ent		
14841 S.W. 159TH ST.						81	Name						
MIAMI FL 33167 B8						82	Street Add	ress (P.O. Box Number Is N	ot Acceptabl	Θ)			
Big City FL Big Zip Code			3 T.					WWW.01101000000000000000000000000000000					
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the calgedons of, Section 607,0505, Florida Statutes. SIGNATURE Systems, produce preference of registerical agent. I am familiar with, and accept the calgedons of, Section 607,0505, Florida Statutes. SIGNATURE Systems, produce preference of registerical agent. I am familiar with, and accept the calgedons of, Section 607,0505, Florida Statutes. SIGNATURE Systems, produce preference of registerical agent. I am familiar with, and accept the calgedons of, Section 607,0505, Florida Statutes. SIGNATURE Systems, produce preference of registerical agent. I am familiar with, and accept the calgedons of, Section 607,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD HERMIDA, RICARDO 12. NAME 13. STREET ADDRESS CITY-51-2P MILE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	MIAMI F	FL 33187				83							
or registered agent, or both, in the State of Florads. 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 System by corporated agent agent and least graph about MOTE Progression agent are required when kinstalling DATE						84	City	**************************************		FL	85 Zij	p Code	
12.	or registe	zed agent, or bo	oth, in the State o	of Florida, Such -	change was auth oriz	ed by the corp	named corpo oration's boa	ration submits this statemen ird of directors. I hereby acco	t for the purp opt the appo	oose of chang pintment as reg	ing its r gistered	egistered office agent. I am	
12.	SIGNATURE												
TITLE		Signature, typed or		***********			nt signature require	d when reinstating)		DATE			
NAME			OFFICER	RS AND DIRECT	· · · · · · · · · · · · · · · · · · ·		······································	ADDITIONS/CHANG	ES TO OFFIC		*** ****		
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further		المصاف المام المام	a information com	rational suits take 40	log is ush stack 4			artho augustics state 21. A	ontine 140 o	WOMEN The second	Char		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 OF

4/24/96

254-1409

Daytime Phone #