

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**AND FILED**

**97 JUL 23 PM 12: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000001230 (7)**

1. Corporation Name  
**BERMUDEZ, INC.**



Principal Place of Business <b>491 EAST OKEECHOBEE ROAD HIALEAH FL 33010</b>	Mailing Address <b>491 EAST OKEECHOBEE ROAD HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9200 NW 27 AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>9200 NW 27 AVE</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI FL</b>	27 City & State 28 <b>MIAMI FL</b>
24 Zip <b>33147</b> 25 Country <b>FL</b>	29 Zip <b>33147</b> 30 Country <b>FL</b>

3. Date Incorporated or Qualified <b>01/04/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent

**BERMUDEZ, DOMINGO  
491 EAST OKEECHOBEE ROAD  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name **BERMUDEZ DOMINGO**  
 82 Street Address (P.O. Box Number is Not Acceptable) **9200 NW 27 AVE**  
 83 **MIAMI FL 33147**  
 84 City **MIAMI** 85 State **FL** 86 Zip Code **33147**

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  (NOTE: Registered Agent signature required when reinstating.) DATE **07/14/97**


12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERMUDEZ, DOMINGO</b>	
STREET ADDRESS	<b>491 EAST OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>BERMUDEZ DOMINGO</b>	<input type="checkbox"/> DELETE
NAME	<b>9200 NW 27 AVE</b>	
STREET ADDRESS	<b>MIAMI FL 33147</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500002251635--0</b>
1.3 STREET ADDRESS	<b>-07/29/97--01127--022</b>
1.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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, its 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 applicable, or on an attachment with an address.

SIGNATURE  DATE **07/15/97 1963788**

CR2E034 (4/97)