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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S45204 (2)

1. Corporation Name
HERME ENTERPRISES, INC.



Principal Place of Business: **633 KEY DEER COURT APOPKA FL 32703**
Mailing Address: **633 KEY DEER COURT APOPKA FL 32703-4496 US**

3. Date Incorporated or Qualified: **04/15/1991** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-3063477** Applied For: / Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
8. This corporation has liability for inkingible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite/Apt # etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**FLAQUER, ROMEO
633 KEY DEER COURT
APOPKA FL 32703**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	ALMONTE, CARLOS <input type="checkbox"/> DELETE	1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	209 AURORA DR	1.2 NAME: _____	
STREET ADDRESS: _____	APOPKA FL	1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		1.4 CITY-ST-ZIP: _____	
TITLE: PD	FLAQUER, ROMEO <input type="checkbox"/> DELETE	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	633 KEY DEER CT	2.2 NAME: _____	
STREET ADDRESS: _____	APOPKA FL	2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		2.4 CITY-ST-ZIP: _____	
TITLE: TD	MERCADO, FELIPE <input type="checkbox"/> DELETE	3.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	1307 JOHN ST.	3.2 NAME: _____	
STREET ADDRESS: _____	APOPKA FL	3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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 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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day in Month: _____

CR2E034 (9/96)