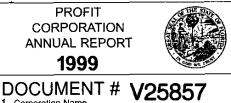
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

HERMES MED, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90081 041 ***150.00



Principal Place	of Business	Mailing Address			s innet nivnen hand actor sagge nicht		ant atali bieji	41417 STB11 44 1
7815 CORAL W		P.O. BOX 441433 MIAMI FL 33155 US			DO NOT WRITE IN THIS SPACE			
WO WAT TE GOTOC					3. Date Incorporated or Qualifed 04/03/1992			
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			65-0323560			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	Ω		May Be to Fees
Zip	Country	Zip C	ountry		8. This corporation owes the currer	nt year Inta		_
24	25	29 30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent	4.	T	10. Name and Address of New Re	gistered	Agent	
			81	Name			,*	
	DO, PELAYO OSCAR CORAL WAY		82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
	E 101 /II FL 33144-4 20 9		83			-	:	
			84		·	FL	. `	Code
SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligation Signature whed or printed name of registered age	July 1			poration submits this statement for the p ion's board of directors. I hereby accept ad when reinstating)	the appoint	ntment as re	egistered
12.			3.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	PSD	☐ DELETE 1.	ITTLE				☐ Change	☐ Addition
NAME.	RUBIDO, PELAYO OSCAR	11	NAME					
STREET ADDRESS	7815 CORAL WAY #101	13	STREE	TADDRESS				Ì
CITY-ST-ZIP	MIAMI FL	1.	CITY-S	T-ZIP			,	
TITLE		☐ DELETE 2.	TITLE				☐ Change	☐ Addition
NAME		2.	NAME					ľ
\$TREET ADDRESS	•	2.	STREE	TADDRESS				ì
CITY-ST-ZIP		2	4 CITY-	ST-ZIP	در به استینستونست	 -	» . « —	
TITLE		☐ DELETE 3	TITLE				Change	☐ Addition \
NAME		3.	2 NAME				•	ļ
STREET ADDRESS		3	3 STREE	T ADDRESS			•	·
CITY-ST-ZIP			4, CITY-	ST-ZIP				
TITLE		☐ DELETE 4.	TITLE				Change	☐ Addition
NAME		4.	2 NAME					ł
STREET ADDRESS		4.	3 STREE	TADORESS				ļ
CITY-ST-ZIP		4.	4 CITY-S	ST- ZIP				
TITLE		☐ DELETE 5.	TITLE		•		Change	☐ Addition
NAME I		5.	2 NAME		• .			
STREET ADDRESS		5.	3 STREE	TADDRESS				
CITY-ST-ZIP			4 CITY-S	ST-ZIP			<u> </u>	
TITLE		☐ DELETE 6	1 TITLE				Change	Addition
NAME		6.	2 NAME				:	
STREET ADDRESS		6.	3 STREE	TADDRESS				

14. I 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 appliess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #