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 DOCUMENT #

L74884

(2)

THE BERND GROUP, INC.

Disposed Purioses	Mailing Address	
Principal Place of Business	Maining Address	
C/O PILAR RICAURTE-BERNO 1792 ROYAL OAK PLACE WEST DUNEDIN FL 34698	C/O PILAR RICAURTE-BERND 1792 ROYAL OAK PLACE WEST DUNEDIN FL 34698	
POMEDIA I E ANOD	SOUTH I F ALON	Date Incorporated or Quali

55.425.1		551,-511			3. Date Incorporated or Qualified 05/21/1990	3a. Date of Lat 05/01/	
2. Principa	al Place of Business	2a. Mailing A	ddress		4. FEI Number		Applied For
1		26			59-2999351		Not Applicable
Suite, Apt. #, etc.		Suite, Ar	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		-
City & State		City & St 28	City & State		Election Campaign Financing Trust Fund Contribution	- / / +	
Zip 4	Coun. 25	ntry 7/p	30 Jr	itry	8. This corporation has liability for Florida Statutes Yes	intangible tax und No	ers 199.032,
	9. Name and Add	iress of Current Registered Age	ent		10. Name and Address of New F	legistered Agent	
1793	AURTE-BERND, PILAR 2 ROYAL OAK PLACE NEDIN FL 34698	West		81 Name82 Street Addre8384 City	iss (P.Ö. Box Number is Not Acceptat	95	Zıp Code
11. Pursu or reg familia SIGNATUI	iisterhokagent) or both, in ti ar we d bli id abkent the obli	ctions 607 A502 and 607.1508, Fine State of Biorida Such charge gazens of Section 607.0505, Flo	forida Statutes, the allow was authorized by the	e panied comora	thon submits this statement for the purific discount of directors. Thereby accept the appropriate the statement of the purific discount of the purific	roose of changing	its registered offi
12.	Sgrade in the parties of	OFFICERS AND DIRECTORS	I 1		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITLE	Р		DELETE	TUE TUE		Cha	inge 🔲 Addition
NAME	BERND, PILAR,	RICAURTE))	ME			
STREET ADDR	4700 DOVAL O			RELI ADDRESS			
	DUNEON CI			IY-SI-ZIP			
CITY - ST - ZIP TITLE	DOMEDINAL			ILE		☐ Cha	ange 🗍 Addition
			, bettere	ME		<u> </u>	
NAME							
STREET ADDE				REET ADDRESS			
CITY-ST-ZIP			TOUGH.	r-ST-ZIP		Cha	ange Addition
TITLE		L] DELETE	LE.			ings [] Addition
NAME				ME			
STREET ADDA	RESS		J.	REET ADDRESS			
CITY - ST - ZIP	,		V66, 575	-SI-ZIP		Flat	
TITLE) DELETE	F		☐ Cha	ange 🔲 Addition
NAME				PE			
STREET ACC	RESS		į L	OF LADORESS			
CITY - ST- ZIF	:			-SI-ZIP			
TITLE) DELETE	F		☐ Cha	ange 🔲 Addition
NAME				ME			
STREET ADDI	RESS			HEET ADDRESS			
CITY - ST - ZIF			5	Y ST-ZIP			
TITLE			DELETÉ 6	"LF		Cha	ange 🔲 Addition
NAME			6	JM1			
STREET ADD	BEGG		6	REET ADDRESS			
CITY OF ZIE	.	_	64	TV SE-ZIP			
14. Ldo I	hereby certify that the infort	mation supplied with this filing is v	oluntarily furnished an	does not qualify fo	or the exemption stated in Section 119	J.07(3)(k), Florida S	Statutes. I further
CITY-ST-ZIF 14. I do I certif oath; appe	hereby certify that the infon y that the information indica that I am an officer of dire lars in Block 12 or Block 13	mater supplied with this fling is viated on this anyual report or stop octoor of the received in comparation or the received in comparation on the received in comparation on an attack ment	oluntarily furnished an elemental annua' report i piver or trusted employs with an address.	TY ST-ZIP does not qualify for strue and accurated to execute this	or the exemption stated in Section 119 to and that my signature shall have the s report as required by Chapter 607, F	1.07(3)(k), Florida S same legal effect lorida Statutes; ar	Statutes, I furth t as if made ur nd that my nan

SIGNATURE:

NATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M H

813-789-6148

Daytme Phone #