

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED Jun 04 1997 8:00am Secretary of State

DOCUMENT # P96000060038

1. Corporation Name

BERTESSA, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 7520 NW 186 Street

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

20

Zip Country

29 Zip Country

24 33169

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peter Previti, Esquire
5825 Sunset Drive, Suite 210
South Miami, Florida 33143

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

(Print or type printed name of registered agent and title if applicable)

(Print Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ISSA, Victor P-D	<input type="checkbox"/> DELETE
NAME	6099 SW 90 Street	
STREET ADDRESS	Miami, FL 33156	
CITY, ST, ZIP		
TITLE	BERTEMATTI, Armando VP-D	<input type="checkbox"/> DELETE
NAME	9721 SW 32 Street	
STREET ADDRESS	Miami, FL 33165	
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		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

Handwritten signature and date: 6/4/97

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-06/11/97--01109--030
***165.00

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/97

305-661-2197

Date Daytime Office #

CR2E034 (12/95)