FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS M41935 **DOCUMENT #** (1) Corporation Name BERNHARD INDUSTRIES, INC. Principal Place of Business Mailing Address 300 71ST STREET. #435 300 71ST STREET. #435 **SUITE 435** SUITE 435 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 3. Date incorporated or Qualified 3a. Date of Last Report 11/18/1986 02/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2743118 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 K 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm P}$ Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 i Name FRANK, BERNARD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 435 300 71ST STREET 83 MIAMI BEACH FL 33141 84 City Zip Code 11. Fursuant 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Separative, typical or printed nation of real detect a peak and little it again label. (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DECETE 1.1 BUE ☐ Change ☐ Addition FRANK, BERNARD NAME 1.2 NAME 300 71ST ST. SUITE 435 STEELT ADDRESS. 1.3 STREET ADDRESS MIAMI BEACH FL 1 4 CITY - ST - ZIP THEF [] DELETE 2. 1 TITLE Change ■ Addition FRANK, BERNARD NAME 2.2 NAME 300 71ST ST. SUITE 435 S. RELEASOPESS 2.3 STREET ADDRESS MIAMI BEACH FL $CP^{*}x + ST + ZP^{*}$ 24 CITY-ST-ZIP 1516 DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS. 3.3 STREET ADDRESS CHY ST-769 3 4 C+TY - ST - 7-P Hill □ DELETE 4 1 1:TLE Change Addition NAM 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS OHY-\$1-78 4.4 CITY - \$1 - 2IP TILL E [] DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS OTY ST-ZIP 5 4 CITY - \$1 - 2IP in uiDELETE & 1 TITLE Change Addition NAM: 6.2 NAME STREET ACORESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this fing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ME OF SIGHING OFFICER OF DIRECTOR

SIGNATURE: