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

Mailing Address

MIAM FL 33183

APT. 802

6518 KENDALE LAKE DR.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

6518 KENDALE LAKE DR.

APT. 802

CITY-ST-ZIP

MIAMI FL 33183



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000073680 (5) DOCUMENT #

BERNAU COPIER EQUIPMENT, CORP

3. Date Incorporated or Qualified 08/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For -07 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. □ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERNAU, VELIA B 6518 KENDALE LAKE DR. Street Address (P.O. Box Number is Not Acceptable) **APT. 802** 83 **MIAMI FL 33183** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE NAME BERNAU, KLAUS 1.2 NAME 6518 KENDALE LAKE DR. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition SD 2.1 TITLE TITLE BERNAU, VELIA B 2.2 NAME NAME **6518 KENDALE LAKE DR.** STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 of 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. 1/22/98 (305)579.8984

FILED

May 04 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE