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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414832

(6)

BERO, INC.

Principal Place of Business 1845 NW 17TH AVE	Mailing Address 4545 N.W. 7TH STREET MIAMI FL 33126-2300 US					
MIAMI FL 33125			Date Incorporated or Qualified 12/18/1972	3a. Date of Last F	leport	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21	26			59-1439503		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution		to Fees
Zip Country	Zip	Countr	ry	8. This corporation has liability for		i. 199 .032,
24 25	29	30			Yes No	
g. Name and Address of	Current Registered Agent			10. Name and Address of New Re	gistered Agent	
BELLO,RAUL		8.	1 Name			
1845 NW 17 AVE			82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33125		_		······································		
	4	6	3			
		8	4 City		- 85 Zip	Code
11. Pursuant to the provisions of Sections 6			<u> </u>		FL S	
office or registered agent, or both, in the agent it am familiar with, and accept the SIGNATURE Signature types or posted can unit regis	e State of Florida. Such change was e obligations of, Section 607.0505, Fl	authorized k orida Statute	by the corporations.	tion's board of directors. I hereby acce	ot the appointment as	registered
Lancate and the second	RS AND DIRECTORS	13.	do r eidilaine brins	ADDITIONS/CHANGES TO OFFIC		3S IN 12
DITLE PST	DELETE	1.1 TITLE		700110107070111020 70 0111	☐ Change	Addition
NAME BELLO, RAUL	1.21		- 1			
STREET ADORESS 1845 NW 17 AVE			ET ADDRESS			
CHY ST-ZIP MIAMI FL		1.4 CITY -		1		
TRUE	T DELETE	2.1 TITLE			Change	Addition
NAMI - 2		2.2 NAME	1			
STREET ADDRESS 17			ET ADDRESS			
[" " "		2. 4 CHTY				
TITLE STATE OF THE	DELETE	3.1 TITLE			☐ Change	Addition
trAMe S. S.		3.2 NAME				
STREET ADDRESS			ET ADDRESS			1
CON ST 2021		3.4 CITY				1
THE WAY IN	DELETE	4.1 TITLE			☐ Change	Addition
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NAME						Į
STREEL ADURESS			ET ADDRESS			
C(17-51-20)	I I otter	4.4 CITY			T Charan	Addition
THE	☐ DELETE	5.1 TITLE	į.		Change	Addition
NAME		5.2 NAME	1			Ţ
CTDCC - MONSECC	6.7	6-2 9700	ET ADDDECC	•		

14. I do hereby cert-ly 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 address.

5.4 CITY ST-ZIP

6.3 STREFT ADDRESS 6.4 CITY - ST - ZiP

6.1 TITLE

62 NAME

SIGNATURE

Title! NAMe

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04/26/97 (305) 442-1458
Dayline Prone

Change

**FILED** 

May 12 1997 8:00am

Secretary of State