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

PROFIT CORPORATION ANNUAL REPORT

1997

BERAL, INC.

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 534318

Mailing Address

(1)

Feb 11 1997 8:00am Secretary of State

| - I ISBNAT ANKER | 41 9 1 1881 1881 | FIELL BISH | |
|------------------|-----------------------------|------------|--|

Alvaro Vilanova JANUARY 27,1997. (305)376-6000

| 2 S BISCAYNE SUITE 3400. OI MIAMI FL 3313 | NE BISCAYNE TOWER | 2 S BISCAYNE BLVD SUITE 3400, ONE BISCAY MIAMI FL 33131-1897 | 'NE TOWER | | | · | | |
|---|---|--|---|--------------------|--|---|--|--|
| | | | | | 3. Date incorporated or Qualified 05/17/1977 | 3a. Date of Last R 04/29/1996 | leport | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | Ar | pplied For | |
| 21 | | 26 | | 65-0103995 | No | ot Applicable | | |
| Suite, Apl. #, etc. | | Suite, Apt. #, etc. | F-7 | | 5. Certificate of Status Desired | | \$8,75 Additional Fee Required | |
| City & State | В | City & State | | | 6. Election Campaign Financing | | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees | |
| Zφ | Country | ··· | Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 9. Name and Address of Curre | | | | | Florida Statutes Yes X No 10, Name and Address of New Registered Agent | | |
| VAL | DES-FAULI CORP SVCS INC | III negistereo Agent | 81 | Name | 10, Name and Address of New Ne | Alaresen Whelif | | |
| | BISCAYNE TWR STE 3400 | | | | | | | |
| | | | 82 Street Addre | | ress (P.O. Box Number is Not Acceptable) | | | |
| 2 SO BISCAYNE BLVD Miami Fl 33131 | | | 83 | | | · | | |
| mics | WITE 33131 | | •• | | | | | |
| | | | 84 | City | | FL 85 Zip | Code | |
| dd Dan well | to the one in one of Continue COT OF | 00 and CO7 1689 Clasida Ctatu | too the about | | poration allowing this statement for the | FL | to registered | |
| office or ragent +a | o the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida, Such change was gations of, Section 607.0505, F | authorized by lorida Statutes | the corpora s. | rporation submits this statement for the pation's board of directors. I hereby accept | of the appointment as | registered | |
| SIGNATURE | | | *************************************** | | | | | |
| | Signature hyperolet princed name of registrost ag | contrand lide of applicable (NO ND DIRECTORS | TE: Registered Age | ent signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | DC IN 10 | |
| 12. | VPSD OFFICERS AF | DELETE | 1 1 TITLE | γ | ADDITIONS/CHANGES TO OFFIC | Change | Addition | |
| i | VILANOVA, ELIZABETH V. D | | | | | Carlo Succession | The state of the s | |
| A C DISCAVNE DUD #2400 | | | 1.2 NAME 1.3 Street address | | | | | |
| STREET ADDRESS | MIAMI FL | | 1 | | | | | |
| CHTY - ST - 7H" TITLE | PTD | DELETE | 1.4 City - 5 2.1 Title | 11 - KBP | | ☐ Change | Addition | |
| NAME | VILANOVA, ALVARO | Last Decert | 2.2 NAME | | | C. O.Ogo | La Pigation | |
| 2 6 DIGUAVNE DI VID 42400 | | | 2.3 STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-SI-ZIP MIAMI FL | | | 2. 4 CITY - | 1 | | | | |
| TITLE | AS | DELETE | 3.1 TITLE | 57 217 | | Change | Addition | |
| NAME | VALDES, FAULI, RAUL E | ***** | 3.2 NAME | | | · · · · | - | |
| STREET ADURESS | 2 S. BISCAYNE BLVD. | | 3.3 STREET | ADDRESS | | | | |
| CiTy+S1-2iP | MIAMI FL | | 3.4. CITY - | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change | Addition | |
| NAME | | | 4. 2 NAME | ` | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | |
| Cily-ST-7iP | | | 4.4 CITY - 5 | | | | | |
| TITLE | | DELETE | 5 1 TITLE | ****** | | Change | Addition | |
| NAME | • | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | , | |
| CITY - ST - 7(P | | | 5.4 Cft Y - S | ST-ZIP | | | | |
| TITLE | | DELETE | 61 TITLE | | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | |
| CITY-S1-ZIP | | | 6.4 CITY - 9 | T - ZIP | | | | |
| 14. I de herek | by certify that the information supplied in indicated on this applial report or | ed with this filing does not qual | lify for the exe | mption state | ed in Section 119.07(3)(i). Florida Statute | s. I further certify that it affect as if made un | the | |
| Lani an o appears i | fficer or director of the compretion in Block 12 or Block 13 if charged in | or the receiver or trustee empor | wered to execute discountries. | cute this repo | ed in Section 119.07(3)(i). Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S | statutes; and that my | name | |