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 # 548548 (7) 1. Corporation Name BERGOLLA, INC. Principal Pace of Business 654 W. 28 STREET HALEAH FL 33010 Mailing Address 654 W. 28 STREET HALEAH FL 33010-1258								
					3. Date Incorporated or Quali	fied 3a. [Date of Last R	eport
2. Procinat f	Place of Business	2a. Mailing Address	····		4. FEI Number		/26/1996	oplied For
21		26			59-1776140			Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desire	a 🗆		Additional
[22]	or construction of the second	City & State						equired
City & Stat	μ.	28			 Election Campaign Financi Trust Fund Contribution 	ng []	00.2¢	May Be to Fees
7(p	Country	Zφ	Count	y	8. This corporation has liabilit		*	
24	25	29	30		Florida Statutes	☐ Yes	□ No	
D##	Name and Address of Curren GOLLA, RAFAEL JR.	t Registered Agent	8	1 Name	10. Name and Address of Ne	w Registered	Agent	
1	4 N.W. 163RD TERR. MI FL 33016		8	<u> </u>	dress (P.O. Box Number is Not Acc	eptable)		
ĺ			8	4 City		F	85 Zip	Code
SIGNATURI	to the provisions of Sections 607,050 registered agent, or both, in the State arn familiar with, and accept the obligation typed or protest name of registeric agen OF FICERS AN	ent and title if applicable (N			ulired when reinstelling) ADDITIONS/CHANGES TO	DATE		
10016	TS	DELETE	1.1 THILE		1		Change	R\$ IN 12
NAME 	BERGOLLA, LUIS A. 5891 W. 3RD AVE.		1,2 NAME					1
STREET ADDRESS	HIALEAH FL			ET ADDRESS				
CITY ST ZIP TOTALE	PD	DELETE	1.4 CiTY- 2.1 TiTLE				Change	Addition
NAME	BERGOLLA, RAFAEL A JR		2.2 NAME					
STREET ADDRESS	8014 N.W. 163 TERR.		2.3 STRE	ET ADDRESS				
Ct*Y- 51 - 7IP	MIAMI FL		2 4 CITY		· .		- T-1 63	—— ——————————————————————————————————
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City-St-ZiP			3.4. City	1				}
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NAMI			4. 2 NAM	E)
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STREET ADDRESS				ET ADDRESS	•	i !		ļ
CHY-SI Zin			5.4 CITY					ļ
TITLE		DELETE	6.1 TITLE				Change	Addition
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STREET ADDRESS			6.3 STRÉ	ET ADDRESS				Ì
Cl.t.A - 21 - Vib	<u> </u>		64 CITY	SI-ZIP	-2:- C-1/- 440 07/0V/) 51 0			

14. I do hereby 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 exploremental 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 in 1 gives or true to 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 it is a thinger. It is a national to the corporation of the corpora

SIGNATURE:

SNATURE AND TY ED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

MARY 7 1997

305-887-3088

FILED

Mar 11 1997 8:00am

Secretary of State

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