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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

TITLE

STREET ADDRESS

Block 12 or Block 13 if changed, or on an

626683

BERNARDO SARUSKI AND ASSOCIATES, INC.

Principal Place of Business Mailing Address 717 PONCE DE LEON 7560 S.W. 109TH TERRACE MIAMI FL 33156-3860 SUITE 337 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 06/19/1979 2. Principal Place of Business 2s. Mailing Address Applied For 59-1912440 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SARUSKI, BERNARDO 7560 S.W. 109TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 84 City Zip Code • 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 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE TITLE SARUSKI, BERNARDO 1.2 NAME NAME 7560 S.W.109TH TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE SARUSKI, REBECA 22 NAME MAME 7560 S.W. 109TH TERR 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME

63 STREET ADDRESS

3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETE 6.1 TITLE 62 NAME

14. I hereby certify that the information supplied will indicated on this annual report or supplemental officer or director of the corporation or the figure.

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an existed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in th an address.

Change

Change

Change

Addition

Addition

■ Addition

FILED

May 05 1998 8:00am

Secretary of State