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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 626683

1. Corporation Name

Principal Place of Business

BERNARDO SARUSKI AND ASSOCIATES, INC.

717 PONCE DE LEON SUITE 337 CORAL GABLES FL 33134		7560 S.W. 109TH TERRACE MIAMI: FL 33156-3860		DO NOT WRITE IN THIS SPACE				
US					3. Date incorporated or Qualifed 06/19/1979			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-1912440	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>.</u> .	5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee R	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country Zip		Coun	try	8. This corporation owes the current year Inte	angible		•
24	25 29 3		30		Personal Property Tax.	∠ Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name			_]	
	USKI, BERNARDO		ŀ	B2 Street Add	dress (P.O. Box Number is Not Acceptable)			
7560) S.W. 109TH TERRACE			SI SI GEL AU	diess (P.O. Box Number is Not Acceptable)			
MIAN	MI FL		ŀ	83				
						- 1		
				B4 City	FL	. `	Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was at	uthonzea	by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing it ntment as r	s registered egistered	• =
SIGNATURE					red when reinstating) DATE		}	_
	Signature, typed or printed name of registered ager		Registered A	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	86
12.	PD OFFICERS AN	D DIRECTORS	1.1 TITL	- I	ADDITIONS/CHANGES TO OTT TOERS AN	Change	Addition	(11/98)
TITLE	SARUSKI, BERNARDO							
NAME	7560 S.W.109TH TERR		1.2 NAN					පි
STREET ADDRESS				EET ADDRESS	·			CR2E034
CITY-ST-ZIP	MIAMI FL STD	. DELETE	_	/-ST-ZIP	·	Change	Addition	5
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NAME	SARUSKI, REBECA		2.2 NA	_			1	
STREET ADDRESS	7560 S.W. 109TH TERR			EET ADDRESS			,	
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		Change	- Addition	
TITLE		☐ DELETE	3.1 TITI			Change	☐ Addition	
NAME			3.2 NA					
STREET ADDRESS			3.3 STF	EET ADDRESS				
CITY-ST-ZIP							57 A 188	
TITLE				Y-ST-ZIP				
		☐ DELETE	3.4. CIT			Change		
NAME		DELETE		E		Change	2-0	
NAME STREET ADDRESS		☐ DELETE	4.1 TITE 4. 2 NA	E		Change	3.0 Mannoll .	
		☐ DELETE	4.1 TITE 4. 2 NA 4.3 STF	E				
STREET ADDRESS	* .	☐ DELETE	4.1 TITE 4. 2 NA 4.3 STF	E WE EET ADDRESS Y-ST-ZIP		Change	Addition	
STREET ADDRESS			4.1 TITE 4. 2 NA 4.3 STF 4.4 CIT	E				
STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITE 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAM	E				
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITE 4.2 NA 4.3 STF 4.4 CIT 5.1 TITE 5.2 NA 5.3 STF	E ME			Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITE 4.2 NA 4.3 STF 4.4 CIT 5.1 TITE 5.2 NA 5.3 STF	E ME LEET ADDRESS (-ST-ZIP E LEET ADDRESS (-ST-ZIP				

6.3 STREET ADDRESS

14. I 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 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, with all other like empowered. SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90118 024 ***150.00