

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840815** (5)

1. Corporation Name
BERCAT SUPPLIES INC.



Principal Place of Business: **7623 S W 129TH PLACE MIAMI FL 33183**
Mailing Address: **7623 S W 129TH PLACE MIAMI FL 33183**

3. Date Incorporated or Qualified: **06/09/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State

23. Zip
24. Country

25. Country
26. Zip
27. City & State
28. Country

29. Country
30. Zip

4. FEI Number: **59-1828847**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DYER, NORMA
7623 S.W. 129TH PLACE
MIAMI FL 33183**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. 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 office or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DYER, DONALD	
STREET ADDRESS	14481 S.W. 111TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLETCHER, DAVID W.	
STREET ADDRESS	BOX 553, MONTEGO BAY 2	
CITY - ST - ZIP	JAMAICA WE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, JERRY	
STREET ADDRESS	6911 ROSEMARY LANE	
CITY - ST - ZIP	EDEN PRARIE, MINN 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DYER, PERCIVAL S	
STREET ADDRESS	7623 S W 129 TH PLACE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLETCHER, ALICE	
STREET ADDRESS	BOX 553, MONTEGO BAY 2	
CITY - ST - ZIP	JAMAICA WE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DYER, NORMA	
STREET ADDRESS	7623 S W 129TH PLACE	
CITY - ST - ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Norma Dyer* 4-23-96 305-386-2981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)