

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G38969** (3)
1. Corporation Name
BERMART, INC.



Principal Place of Business Mailing Address
**8171 NW 67TH ST.
MIAMI FL 33166
US** **P.O. BOX 160414
MIAMI FL 33116
US**

3. Date Incorporated or Qualified **05/13/1983** 3a. Date of Last Report **02/27/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FET Number **59-2295070** 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

10. Name and Address of New Registered Agent

**BLACK, JOHN W., ESQ.
420 SOUTH DIXIE HWY., SUITE 2-L
CORAL GABLES FL 33146**

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

Signature, typed or printed name of registered agent and firm, if applicable

NAME, Registered Agent, signature and firm, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MARTINEZ JR, BERARDO	
STREET ADDRESS	10985 SW 107TH ST. 218	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DST	☒ DELETE
NAME	MARTINEZ, BERARDO	
STREET ADDRESS	10985 SW 107TH ST. 218	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP/ST	☒ Change ☐ Addition
12. NAME	Berardo MARTINEZ	
13. STREET ADDRESS	10985 SW 107th St Apt 218	
14. CITY-ST-ZIP	Miami FL 33176	☐ Change ☐ Addition
2. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(g), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 **35** **591-2670**

CR2E034 (12/95)