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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G82147 (1)

1. Corporation Name
BERMAN TECHNOLOGIES CORPORATION



Principal Place of Business
4784 N.W. 167TH STREET
HIALEAH FL 33014

Mailing Address
4784 N.W. 167TH STREET
HIALEAH FL 33014-6427

3. Date Incorporated or Qualified 11/30/1983
3a. Date of Last Report 04/22/1996

4. FEI Number 59-2361112
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

2. Principal Place of Business
21 16251 N.W. 54 Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 16251 N.W. 54 Ave
Suite, Apt. #, etc.

22 City & State
23 Miami FL

27 City & State
28 Miami, FL

24 Zip 33014
25 Country USA

29 Zip 33014
30 Country USA

9. Name and Address of Current Registered Agent

BERMAN, SAM
4784 N.W. 167TH STREET
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
16251 N.W. 54 Ave
83
84 City Miami FL
85 Zip Code 33014

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 title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP P.S.T.	BERMAN, SAM	4784 NW 167 ST	MIAMI, FL 00000	<input type="checkbox"/>
DP	BERMAN, WM JOSEPH	301 E HIGH ST.	CHARLOTTESVILLE, VA00000	<input checked="" type="checkbox"/>
ST	BERMAN, WM JOSEPH	301 E HIGH ST.	CHARLOTTESVILLE, VA00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P.S.T.	Berman Sam	16251 N.W. 54 Ave	Miami FL 33014	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
VP	Berman, Carole	16251 N.W. 54 Ave	Miami, FL 33014	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 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 attachment with an address.

SIGNATURE:

Sam Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 * 305 624 9666

Date

Daytime Phone #

0120717

CR2E034 (9/96)