FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82101** **(2)**

1. Corporate Name
B.E.R.S. CORPORATION

Principal Place of Business
5913 NW 31 AVE
2139 N UNIVERSITY DR. SUITE 247
FT LAUDERDALE FL 33309
US

Mailing Address
5913 NW 31 AVE
2139 N UNIVERSITY DR. SUITE 247
FT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5913 NW 31 Ave
22 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale, FL
24 Zip: 33309 25 Country: US

2a. Mailing Address
26 5913 NW 31 Ave
27 Suite, Apt. #, etc.
28 City & State: Fort Lauderdale, FL
29 Zip: 33309 30 Country: US

4. FEI Number: 65-0128195 — 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. Does corporation qualify for exemption under Section 607.0505, Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GRAGG, K. LAWRENCE
%WHITE & CASE
200 S. BISCAYNE BVLD.
MIAMI FL 33131

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 Section 607.0505, 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 and confirms that 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:

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PAUL-HUS, BERNARD I.
STREET ADDRESS	159 SW 95TH LN
CITY, ST, ZIP	CORAL SPRINGS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check Change or Addition)

14. I hereby certify that the information supplied with this report is true and accurate and that this report is being filed within the time prescribed by Chapter 607, Florida Statutes. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including qualification to do business where required, and that its name appears in full on the records of the Department of State. I understand that I am subject to the penalties provided for in Section 607.0122(5), Florida Statutes, for knowingly signing any false report with the intent to deceive.

SIGNATURE: 4/26/95 (305) 978-9300
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

0218484 CP