

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 # **K96562** (9)

1. Corporation Name

BERLIT CORPORATE SERVICES, INC.



Principal Place of Business

Mailing Address

**848 BRICKELL AV
202
MIAMI FL 33131
US**

**848 BRICKELL AV
202
MIAMI FL 33131
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

01/17/1995

4. FEI Number

65-0133734

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

10. Name and Address of New Registered Agent

**BERLEY, DAVID R.
848 BRICKELL AV
200
MIAMI FL 33131**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12.

OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, STATE, ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY, STATE, ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY, STATE, ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY, STATE, ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY, STATE, ZIP

12.16

NAME

12.17

STREET ADDRESS

12.18

CITY, STATE, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

13.2

STREET ADDRESS

13.3

CITY, STATE, ZIP

13.4

NAME

13.5

STREET ADDRESS

13.6

CITY, STATE, ZIP

13.7

NAME

13.8

STREET ADDRESS

13.9

CITY, STATE, ZIP

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, STATE, ZIP

13.13

NAME

13.14

STREET ADDRESS

13.15

CITY, STATE, ZIP

13.16

NAME

13.17

STREET ADDRESS

13.18

CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 agent 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 of this report, or on a statement of change of address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/96

373.800

CR2E034 (12/95)