## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L85886

(4)

Mailing Address

ALBERTO BERNAL & ASSOCIATES, INC.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME

	_	FILEJ	)
Feb	10	1997	8:00am
Se	ecre	tary o	of State

MALBERTO BE 4212 LAGUNA : CORAL GABLES	ST	MALBERTO BERNAL 4212 LAGUNA ST CORAL GABLES FL 33148-11	833		
				3. Date Incorporated or Qualified 07/03/1990	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
	ace of Business	2a. Mailing Address		4. FEt Number	Applied For
Suite, Apt.	# ots	Suite, Apt. #, etc.		65-0207795	Not Applicable
	#, etc.	├ <del></del> -1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		6 Clastics Compaign Financing	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	0		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	jistered Agent
	NAL, ALBERTO		81 Name		
	2 LAGUNA ST		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
COR	VAL GABLES FL 33146		***************************************		
			83		
			84 City		85 Zip Code
					FL 39 2000
office or re agent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	U2 and 607.1508, Florida Statutes e of Florida. Such change was au gations of, Section 607.0505, Flori	<ul> <li>the above-named cor thorized by the corpora da Statutes.</li> </ul>	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Regislered Agent signature requ	uired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	BERNAL, ALBERTO		1.2 NAME		
STREET ADDRESS	4212-A LAGUNA AVE		1.3 STREET ADDRESS		
CITY-ST-7:P	CORAL GABLES FL	· · · · · · · · · · · · · · · · · · ·	1.4 City-St-ZiP		
TITLE	D DEDUKE MACALY	DELETE	2.1 TITLE		Change Addition
NAME	BERNAL, MAGALY 4212-A LAGUNA AVE		2.2 NAME		
STREET ADDRESS	CORAL GABLES FL		2 3 STREET ADDRESS		
CITY - ST - ZIP	CONAL GABLES FL	☐ DELETE	2 4 CITY-SF-ZIP		Change Addition
THILE			3.1 TITLE		Custile T Vanition
NAME STORE LANGUAGO			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-7PP TITLE	THE RESERVE OF THE PARTY OF THE	DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		Band F. C. C.	4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CiTY-ST-ZIP		
TITLE		☐ DELET <del>E</del>	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - \$1 - ZIP			64 CITY-SY-ZIP		
14. I do hereb informatio I am an of appears in	by certify that the information suppli in indicated on this annual report or fficer or director of the corporation on In Block 12 or Block 13 if changed,	ed with this filing does not qualify supplemental annial report is tru or the receipt for thistee empowe or on an attachment with an action	for the exemption state e and accurate and that red to execute this repo	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under cath; that tatutes; and that my name