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 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M38524** **(8)**

1. Corporation Name

BERGIN BROTHERS & SHERMAN, INC.

Principal Place of Business	Mailing Address
C/O ROSS, CUSANO & COMPANY, CPA 18305 BISCAYNE BLVD. STE 302 MIAMI FL 33160 US	% ROSS, CUSANO & COMPANY, CPA'S 18202 BISCAYNE BLVD. MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1986
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26: 401 BISCAYNE BLVD.
Suite, Apt. #, etc.
27: # S 202
City & State
28: MIAMI, FL
Zip
29: 33132
Country
30: U.S.A.

4. FEI Number: 59-2739727 ☐ 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

9. The corporation has liability for intangible tax (refer to § 199.032, Florida Statutes) ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERMAN, ARLENE J
401 BISCAYNE BLVD.
SUITE 5118
MIAMI FL 33132

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, ARLENE J	12 NAME	
STREET ADDRESS	401 BISCAYNE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, WARREN	22 NAME	
STREET ADDRESS	401 BISCAYNE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SHEMAN, JEFFREY	32 NAME	
STREET ADDRESS	401 BISCAYNE BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	AVILA, JAVIER	42 NAME	
STREET ADDRESS	401 BISCAYNE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 an attachment with an address.

SIGNATURE: Arlene J. Sherman 4-10-95 305-577-3333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
ARLENE J. SHERMAN

0172784 CP