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Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M38524** (8)

1. Corporation Name  
**BERGIN BROTHERS & SHERMAN, INC.**

Principal Place of Business <b>C/O ROSS, CUSANO &amp; COMPANY, CPA 18305 BISCAYNE BLVD. STE 302 MIAMI FL 33160 US</b>	Mailing Address <b>600 NE. 36 ST. #322 MIAMI FL 33137 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1986</b>	
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number <b>59-2739727</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent <b>SHERMAN, ARLENE J 401 BISCAYNE BLVD. SUITE 5118 MIAMI FL 33132</b>				10. Name and Address of New Registered Agent	
				81. Name <b>Arlene J. SHERMAN</b>	
				82. Street Address (P.O. Box Number is Not Acceptable) <b>600 NE 36 ST</b>	
				83. Apt <b>APT 322</b>	
				84. City <b>MIAMI</b>	85. Zip Code <b>FL 33137</b>

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 *Arlene J. Sherman* DATE **1-2-98**  
Signature used 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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	SHERMAN, ARLENE J	401 BISCAYNE BLVD MIAMI FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VD	SHERMAN, WARREN	401 BISCAYNE BLVD MIAMI FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	STD	SHEMAN, JEFFREY	401 BISCAYNE BLVD MIAMI FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	D	AVILA, JAVIER	401 BISCAYNE BLVD MIAMI FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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 an attachment with an address.

SIGNATURE: *Arlene J. Sherman* DATE **1-2-98** **305-573-0627**  
Signature and typed name of signing officer or director

CR2E034 (10/97)