

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90226 030 \*\*\*\*61.25

0043686

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29279

1. Corporation Name

BERKELEY SQUARE ACQUISITION CORPORATION

Principal Place of Business

C/O LORRAINE MANALILI  
1505 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432

Mailing Address

C/O LORRAINE MANALILI  
1505 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/15/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0130029

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANALILI, LORRAINE  
1505 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432

81 Name  
Joanne Prevost Anzalone  
82 Street Address (P.O. Box Number is Not Acceptable)  
1507 South Ocean Blvd.  
83 Ruskin #8  
84 City Boca Raton FL 85 Zip Code 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joanne Prevost Anzalone Joanne Prevost Anzalone Date 1/22/99  
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 DP  DELETE  
NAME BADOUR, PATRICK  
STREET ADDRESS 1503 SO. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME MONTOMPASES, PETRO  
STREET ADDRESS 1501 SO. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~DP~~  DELETE  
NAME MANALILI, LORRAINE  
STREET ADDRESS 1505 SO. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS + Treasurer  DELETE  
NAME ANZALONE, JOANNE  
STREET ADDRESS 1507 SO. OCEAN BLVD.  
CITY-ST-ZIP BOCA RATON FL 33432

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Petro H. Contoyados VP 1/22/99  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (11/98)