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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:55

DOCUMENT # **P30147** **(3)**

1. Corporation Name
BERNA PRODUCTS, CORP.

Principal Place of Business
4216 PONCE DE LEON BLVD
CORAL GABLES FL 33146

Mailing Address
4216 PONCE DE LEON BLVD
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1990**
3a. Date of Last Report: **02/08/1994**

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

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0175912** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	MURAI, ANDRES, JR.	1.2 NAME	
STREET ADDRESS	~~200 SOLANO PRADO~~ →	1.3 STREET ADDRESS	4216 Ponce de Leon
CITY ST ZIP	CORAL GABLES FL	1.4 CITY ST ZIP	Coral Gables FL
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	WIESLI, PETER	2.2 NAME	
STREET ADDRESS	79 REHHAGSTRASSE	2.3 STREET ADDRESS	
CITY ST ZIP	3001 BERNE, SWITZ.	2.4 CITY ST ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, GLORIA	3.2 NAME	
STREET ADDRESS	4216 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LEGLER, DR. PAUL	4.2 NAME	
STREET ADDRESS	79 REHHAGSTRASSE	4.3 STREET ADDRESS	
CITY ST ZIP	3001 BERNE, SWITZ.	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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(i)(k), Florida Statutes. I further certify that the information indicated on the 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: [signature] 1/9/95 305 443.2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
ANDRES MURAI, JR.

0150477 CP