

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1990

3a. Date of Last Report

01/18/1995

4. FET 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

10. Name and Address of New Registered Agent

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

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

Signature (typed or printed name of registered agent if not applicable)

Signature (typed or printed name of registered agent if not applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	☐ DELETE
2. NAME	MURAI, ANDRES, JR.	
3. STREET ADDRESS	4216 PONCE DE LEON	
4. CITY - ST - ZIP	CORAL GABLES FL	
5. TITLE	TD	☐ DELETE
6. NAME	WIESLI, PETER	
7. STREET ADDRESS	79 REHHAGSTRASSE	
8. CITY - ST - ZIP	3001 BERNE, SWITZ.	
9. TITLE	AS	☐ DELETE
10. NAME	GOMEZ, GLORIA	
11. STREET ADDRESS	4216 PONCE DE LEON BLVD.	
12. CITY - ST - ZIP	CORAL GABLES FL	
13. TITLE	D	☐ DELETE
14. NAME	LEGLER, DR. PAUL	
15. STREET ADDRESS	79 REHHAGSTRASSE	
16. CITY - ST - ZIP	3001 BERNE, SWITZ.	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY - ST - ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY - ST - ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY - ST - ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY - ST - ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31 '96

305-443-2900

CR2E034 (12/95)