Applied For

\$8.75 Additional

Fee Required

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P30147

1. Corporation Name

BERNA PRODUCTS, CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

4216 PONCE DE LEON BLVD CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

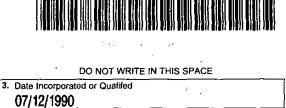
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4216 PONCE DE LEON BLVD CORAL GABLES FL 33146

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90011 048 \*\*\*158.75



4. FEI Number

65-0175912

5. Certificate of Status Desired

City & Stat	te	City & State		6. Election Campaign Financing	\$5.00		
23		28	Country	Trust Fund Contribution	Added to	o Fees	
Zip	Country			8. This corporation owes the curre	· ·		
24			30				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent		
	CORROBATION CYCTEM		81 Name		• •		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)			
				The second secon			
			83				
			84 City	<u> </u>	85 Zip C	ode	
				* * * * * * * * * * * * * * * * * * * *	· FL (°   - ° °		
1,1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the	ourpose of changing its	registered	
office or r	egistered agent, or both, in the State on Im familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 607,0505, Flo	uthorized by the corpo irida Statutes.	ration's board of directors. I hereby accep	the appointment as reg	gistered;	
	, , , , , , , , , , , , , , , , , , , ,					)	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE		Change	☐ Addition	
NAME	Murai, andres, jr.		1.2 NAME				
STREET ADDRESS	4216 PONCE DE LEON		1.3 STREET ADDRESS			Í	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			_ }	
TITLE	TD	☐ DELETE	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	•	: 1	.,	
TITLE	AS	☐ DELETE	3.1 TITLE		Change	Addition	
NAME	GOMEZ, GLORIA		3.2 NAME				
STREET ADDRESS	4216 PONCE DE LEON BLVD.		3.3 STREET ADDRESS	**	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP	,			
TITLE	D	☐ DELETE	4.1 TYTLE	<del></del>	Change	Addition	
NAME	LEGLER, DR. PAUL		4.2 NAME			į	
STREET ADDRESS	79 REHHAGSTRASSE		4.3 STREET ADDRESS	•			
CITY-ST-ZIP	3001 BERNE, SWITZ.		4.4 CITY-ST-ZIP				
TITLE	And a second seconds.	☐ DELETE	5.1 TITLE	<del></del>	Change	Addition	
NAME			5.2 NAME		·		
STREET ADDRESS			5.3 STREET ADDRESS			Ì	
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP	, ' -			
TITLE		☐ DELETE	6.1 TITLE	<del></del>	Change	Addition	
NAME			6.2 NAME	·			
STREET ADDRESS			6.3 STREET ADDRESS		•	1	
CITY-ST-ZIP	`		6.4 CITY-ST-ZIP			]	
1.1111-51-782				•			

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 feetyer 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR