

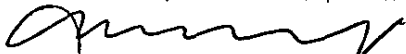


FILED
Mar 19, 2004 8:00 am
Secretary of State

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P30147 | |  | | Secretary of State | |
| 1. Entity Name BERNA PRODUCTS, CORP. | | 03-19-2004 90034 028 ***150.00 | | | |
| 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 | | 3. Mailing Address | | 03102004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0175912 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST MURAI, ANDRES JR 4216 PONCE DE LEON CORAL GABLES, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President/Treasurer Dir Gordon Cameron 4216 Ponce de Leon Blvd CORAL GABLES FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP MURAI, MARIA C 4216 PONCE DE LEON CORAL GABLES, FL 33146 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECRETARY DIR NICOLAS HIGGINS 4216 PONCE DE LEON BLVD CORAL GABLES FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MURAI PANIAGUA, IVETTE 4216 PONCE DE LEON CORAL GABLES, FL 33146 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | 3/15/04 | | 805-443-2500 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |