

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000074537 (0)

1. Corporation Name
BERTH A.M. CORPORATION

Principal Place of Business Mailing Address
**251 EAST 4TH AVE. - STE. #7 -
HALEAH FL 33010** **251 EAST 4TH AVE. - STE. #7 -
HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2450 SW 137th. Ave.		26 13300 NW 8th. Street		10/22/1993		06/28/1994	
22 Suite 201		27		4. FEI Number		Applied For	
23 Miami, FL		28 Miami, FL		65-0456573		Not Applicable	
24 33175		25 Dade		29 33182		30 Dade	
5. Certificate of Status Desired <input type="checkbox"/>				58.75 Additional Fee Required			
6. <input type="checkbox"/>				55.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUETARA, LUIS E 251 E. 4TH AVENUE STE. #7 HALEAH FL 33010				81 Name			
				82 13300 NW 8th. Street			
				83			
				84 City Miami			
				85 FL 33182			

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 aware with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
12.1 PD NAME: CUETARA, LUIS E STREET ADDRESS: 251 E. 4TH AVE. #7 CITY, STATE, ZIP: HALEAH FL 33010		13.1 ED NAME: Cuetara, Luis E. STREET ADDRESS: 13300 NW 8th. St. CITY, STATE, ZIP: Miami, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2		13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 my name were written. I am an officer or director of the corporation or the registered agent 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 of this report. I am not a partner with an address.

SIGNATURE: *[Signature]* Luis E. Cuetara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-95 (305) 229-1254

CR2E034 (3-95)