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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080833 (5)

THE BEREZIN GROUP, INC.

Principal	Place of Business
7661 SW	102ND PL

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



7661 SW 102N MIAMI FL 3311		7661 SW 102ND PL MIAMI FL 33173-3980							
					3. Date Incorporated or Qualified 11/17/1993	3a. Date of 04/11/		eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0416549		No	t Applicable	
Suite, Apt.		27			5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required		
City & State 23	e	City & State			B. Election Campaign Financing Trust Fund Contribution Added to Fees				
Ζιρ 24	Country 25	Ζφ 29	Country 30	/	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes 				
	9, Name and Address of Cui	rent Registered Agent			10. Name and Address of New Reg	lstered Ager	t		
	REZIN, MYRON A		81	Name					
	1 SW 102ND PL MI FL 33173		82	Street Ado	dress (P.O. Box Number is Not Acceptable	e)			
			83						
			84	1		FL 85	1	Code	
office or r	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of char t the appointn	nging its sent as	s registered registered	
SIGNATURE	Signature, typied or printed harno of registered	agent and title if applicable (NO	TF Registered &o	ent signature cegu	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.	on alguatore recto	ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME.	BEREZIN, MYRON A		1.2 NAME			-	-		
STREET ADDRESS	7661 SW 102ND PL		1.3 STREET	ADDRESS					
Dity-St-ZiP	MIAMI FL 33173		1.4 CITY-5	57-ZIP					
TITLE		DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAME	İ				İ	
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE		DELETE	3.1 TITLE	İ			Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
City - S1 - ZIP		T brutte	3.4. CITY-	ST-ZIP					
Tiflé		☐ DELETE	4.1 TITLE				Change	Addition	
NAMÉ OTREST ARRESSES			4. 2 NAME						
STREET ADORESS				ADDRESS					
CITY - ST - ZIP		T DELETE	4.4 CITY-5	ST-ZIP				Addition	
TITLE NAME		LJ DELETE	5.1 TITLE			LI	Change	Addition	
STREET ADDRESS			5.2 NAME	ADDDECC				Į	
			5.3 STREET						
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-5 6.1 TITLE	or ZIP		117	Change	Addition	
NAME		L.J beleft	6.7 TILE			<u></u>	u Karaya	LJ Addition	
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP				- 1					
Ort 1 - O1 - ZIF			64 CITY-5	11-716					

14. I do 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 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:

SIGNOURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 315 279-0835