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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000011332 (1)

1. Corporation Name

BERRY & ASSOCIATES, INC.

Principal Place of Business

1350 S.W. 57TH AVE
STE. 318
MIAMI FL 33144

Mailing Address

1350 S.W. 57TH AVE
STE. 318
MIAMI FL 33144-5774

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 1460 BRICKELL AVE.

Suite, Apt. #, etc.

22 310

City & State

23 MIAMI, FL

Zip

24 33181

Country

25 DKDE

2a. Mailing Address

26 1460 BRICKELL AVE.

Suite, Apt. #, etc.

27 310

City & State

28 MIAMI, FL

Zip

29 33181

Country

30 DKDE

4. FEI Number
65-0557284

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ZAMORA, ANTONIO
3191 CORAL WAY
THIRD FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BERRY, JUAN E
STREET ADDRESS 540 BRICKELL KEY DR., APT 1716
CITY- ST- ZIP MIAMI FL 33131

TITLE S
NAME ZAMORA, ANTONIO
STREET ADDRESS 3191 CORAL WAY, 3RD FLOOR
CITY- ST- ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME BERRY, JUAN E
1.3 STREET ADDRESS 540 BRICKELL KEY DR., APT 1716
1.4 CITY- ST- ZIP MIAMI, FL 33131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200563

4/28/97 358-0660 (305)

CR2E034 (9/96)