

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

FILED

Apr 29 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 # P94000070632 (2)

1. Corporation Name

BERNAL-BAUER MARKET CONSULTANTS, INC.

Principal Place of Business

3622 SW 8 STREET, UNIT 209  
MIAMI FL 33135

Mailing Address

8351 FONTAINEBLEAU  
B424  
MIAMI FL 33172-4259  
US

2. Principal Place of Business

21 8248 NW 68 ST.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 8248 NW 68 ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

06/12/1996

4. FEI Number

65-0522279

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

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 ☐ DELETE

NAME BAUER, ALLEN

STREET ADDRESS 3622 SW 8 STREET, UNIT 209

CITY- ST- ZIP MIAMI FL 33135

TITLE VSD ☐ DELETE

NAME SIBILLA, ALEJANDRO

STREET ADDRESS 3622 SW 8 STREET, UNIT 209

CITY- ST- ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

8248 NW 68 ST  
MIAMI, FL, 33166

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

8248 NW 68 ST.  
MIAMI, FL, 33166

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/97 (305) 406-9966

CR2E034 (9/96)