

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CLARIFICATION,  
AMENDED REPORT  
1995



DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida

APPROVED  
AND  
FILED

DOCUMENT # **P94000088886 (4)**

12/08/1994

**BERNART CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office: 2067 SOUTHWEST 15 STREET, UNIT 235  
DEERFIELD BEACH FL 33442  
Mailing Office: 2067 SOUTHWEST 15 STREET, UNIT 235  
DEERFIELD BEACH FL 33442

Florida Statute, Section 219.01

3. Date of Incorporation: 12/08/1994  
3a. Date of Last Report: \_\_\_\_\_

21. Filing Agent's Name	26. Mailing Agent's Name	4. FID Number	Approved For Not Applicable
22. State of Incorporation	27. State of Mailing Agent	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Filing Agent's Address	28. Mailing Agent's Address	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Filing Agent's Phone	29. Mailing Agent's Phone	7. This corporation has liability for ad valorem tax under the Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		01. Name		
		02. Street Address (P.O. Box Number is Not Acceptable)		
		03. City		
		04. State	FL	05. Zip Code

11. I, the undersigned, being a duly qualified and licensed Florida Statutes, the above named corporation's liability has obtained for the purpose of changing its registered office to the address set forth in this report. I am authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am a resident of the State of Florida.

SEALING: \_\_\_\_\_

12. ADDITIONS, DELETIONS, AND CHANGES TO OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY
NAME: P KALTMAN, ARTHUR 2067 SOUTHWEST 15 STREET, UNIT 235 DEERFIELD BEACH FL 33442	1. NAME 2. STATE ADDRESS 3. CITY 4. STATE ADDRESS 5. CITY 6. NAME 7. STATE ADDRESS 8. CITY 9. NAME 10. STATE ADDRESS 11. CITY
	Change <input type="checkbox"/> Add <input type="checkbox"/>
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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 219.01, Florida Statutes. I further certify that the information included in this report is a true and correct statement of the corporation's status and that my signature shall be a true and correct statement of the corporation's status. I am a resident of the State of Florida.

SIGNATURE: *Arthur Kaltman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ARTHUR KALTMAN

4/6/95 308 510 825