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

PROFIT CORPORATION **ANNUAL REPORT**

1997



PLUNDA DEPARTMENT OF STATE

Sandra b. Mg tham (Scoretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000029778 (4)

BERTANY LIFE, INC.

FU.F.D 97 OCT 31 PM 12: 50

SECRETARY OF STATE TALL AHASSEE FLORIDA

						* 1	
Principal Place of Business Mailing Address					00610 11010 10101 10101 10100 1		
10531 SW 142 MIAMI FL 3316		10531 SW 142ND CT. MIAMI FL 33186-3031			REINSTATE	hent 9	100
					3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Re- 03/28/1996	port
2. Principal Place of Business		28. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	lied For
		26			65-0589175	Not Applicable	
Suite, Apl. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	ficate of Status Desired \$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 A	·
23		28	-		Trust Fund Contribution	☐ Added to	
Zip			Countr	y	8. This corporation has liability for i	ntangible tax under s.	
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes X Yes No 10. Name and Address of New Registered Agent			
DIAT	TO, RAYMOND	eni negisiereo Agent	81	Name	10. Name and Address of New He	Jistered Agent	
	31 SW 142ND CT.						
MIAMI FL 33186			82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
771W W	iii 1 5 0 0 100		83		8000023		
			84			<u> 97010350</u>	
	1	1 1	ł	1 7	****2DI		
11. Pursuant to office or re agent. Lar	to the provisions of Sections 607.05 egistered agent, or both in the Sta m familiar with, and accept the obje	00 fid 607.1508, Florida Statu of Florida, Such change was gatione of Section 607.0505, F	ites, the above authorized by Iorida Statute	e-named corp y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its If the appointment as re	registered ogistered
SIGNATURE	1104 11	M/F					
12.	Signature, lyped or philodinghic of registered a	gent and title Tepplicable. (NO ND DIRECTORS		ent signature requi	ired when reinstaling)	DATE	
TITLE	D OF TOURS A	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	IN 12 Addition
NAME	PINTO, RAYMOND		1.2 NAME			onange	Addition
STREET ADDRESS	10531 SW 142ND CT.			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-				
TITLE		DELCTE DELCTE	2.1 TITLE		A Print a prin	Change	Addition
NAME			2.2 NAME		annöö	233745	9
STREET ADDRESS			2 3 STREE	ADDRESS	*** 1] [] ** ******************************	<i>94/970103</i> 5	n2a
CITY-ST-ZIP		non the second	2 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ ☐ ☐ ☐ 74 5 04/97 — 01035 \$550.00 ***	4550-0
TATLE		☐ DELFTE	3.1 TITLE			Change	- Applipay [
NAME STREET ADDRESS			3.2 NAME	ADDRESS			1
CITY ST-ZIP			3.4. CITY -				
TITLE		DELETE	4.1 TITLE	51-21		Change	Addition
NAME			4. 2 NAME				
STASET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CD Y - 3				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ADDRESS			
CITY-S1-ZIP		T DELESS	5.4 CiTY-5	T-ZIP			
TITLE	•	DECETE	6.1 TITLE			Change	Addition
NAME CTREET ADDRESS			6.2 NAME				ļ
STREET ADDRESS			1	ADDRESS			ľ
CITY-ST-ZIP			6.4 CITY - 9	I-ZIP			

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 angular roport 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 18 if charged, or on an attachment with an address.

Raymond Pinto.