

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # **P95000054687**

1. Corporation Name

**BERCUREY, INC.**

Principal Place of Business

**2704 NW 112 Avenue  
Miami, FL 33172**

Mailing Address

**2704 NW 112 Avenue  
Miami, FL 33172**

3. Date Incorporated or Qualified  
**July 14, 1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

21 **2704 NW 112 Avenue**

2a. Mailing Address

26 **2704 NW 112 Avenue**

4. FET Number

**650603078**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **33172**

Country

25 **USA**

Zip

29 **33172**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLD HERAUX  
9400 S. Dadeland Blvd.  
Miami, FL**

81 Name

**REYNOLD HERAUX**

82 Street Address (P.O. Box Number is Not Acceptable)

**2704 NW 112 Avenue**

83

84 City

**Miami**

FL

85 Zip Code

**33172**

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

*Edith A. Meneses*  
Signature typed or printed name of registered agent and director

**REGISTERED AGENT**

**04/20/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☒ DELETE  
NAME **ASTRYD ROY**  
STREET ADDRESS **8707 SW 137 Avenue**  
CITY-ST-ZIP **Miami, FL 33183**

TITLE **VICE PRESIDENT** ☒ DELETE  
NAME **CURTIS MARCANO**  
STREET ADDRESS **13710F 56 St. #163**  
CITY-ST-ZIP **Miami, FL 33175**

TITLE **SECRETARY/TREASURER** ☐ DELETE  
NAME **EDITH A. MENESES**  
STREET ADDRESS **8707 SW 137 Avenue**  
CITY-ST-ZIP **Miami, FL 33183**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1 1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1 2 NAME **ESTA HERAUX**  
1 3 STREET ADDRESS **2704 NW 112 Avenue**  
1 4 CITY-ST-ZIP **Miami, FL 33172**

2 1 TITLE ☐ Change ☐ Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**EDITH A. MENESES (SECRETARY) 4/20/96**

**(305) 715-9987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)