

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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95 0000 55209**
1. Corporation Name
BERNA First Corp-

Principal Place of Business Mailing Address
**7860 Camino Real L Apt. 114
MIAMI, FL 33143**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0600519		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORBERTO GUIDO 7860 Camino Real L Apt 114 MIAMI, FL 33143				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PRESIDENT			1.1 TITLE			
NAME	NORBERTO GUIDO			1.2 NAME			
STREET ADDRESS	3025 Indian Creek # 105			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCRY - TREASURER			2.2 NAME			
STREET ADDRESS	LORENA DALESSANDRO			2.3 STREET ADDRESS			
CITY-ST-ZIP	3025 INDIAN CREEK # 105			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	MIAMI BEACH, FL 33139			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			4.2 NAME			
NAME				4.3 STREET ADDRESS			
STREET ADDRESS				4.4 CITY-ST-ZIP			
CITY-ST-ZIP				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE			6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
CITY-ST-ZIP				300002218053			
				--06/20/97--01013--033			
				***165.00			

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 a 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 in an attachment with an address.

SIGNATURE: **X**

4/28/97 305-

CR2E034 (9/96)