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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra Ballorthage

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011656 (1)

BERMER CORPORATION

Principal	Place	of	Business
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4

Mailing Address

FILED Mar 11 1998 8:00am Secretary of State



STOOTSWEETS MIAINI FL 8811	######################################		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualified 02/02/1996				
2. Principal P	lace of Business	2a. Mailing Address	, 57~	4, FEI Number	Applied For			
21 45 4	20 6W 851.	26 4520 SL	U 857.	65-0645637	Not Applicable			
Suite, Apt.	#, etc. <i>P</i>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat 23 / /	AMI, +LORIUH	1201	LORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
ママス Zip 33	174 25 11.S.A.	29 33174 3	U.S.A	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible			
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent			
COL	LADO, HUMBERTO P	COLADO, HILMBERTO	P					
490	O-SW-88TH-PLACE APT-37		82 Street	Address (P.O. Box Number is Not Acceptable)				
	MI-PL-33105		83 9	520 3W 8 ST Hpt. #	116			
			83	,				
			84 City	Pali F	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 agont, 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: 8	Registered Agent signer	required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12			
TITLE	PT	DELETE	1.1 TITLE					
NAME	COLADO, HUMBERTO		1.2 NAME	HUMBERTU CULASO 9520 SW 85T APTFII 41ANI, Fl. 33174	.Z`			
STREET ADDRESS	-3000-9W-88TH-PLACE APT-31	 	1.3 STREET ADDRESS	9520 5W BST MP1711	6			
CITY-ST-ZIP	-MMM FL 93175		1.4 CITY - ST - ZIP	41AN, Fl 33174				
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition			
NAME	MORERA, MERCEDES		2.2 NAME)			
STREET ADDRESS	13758 SW 8TH ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33184		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TATLE	,	Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		ì			
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	·				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I 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 is 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 perally attachment with an applices.								