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Jun 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000069864 (2)

1. Corporation Name  
BERKSHIRE CAPITAL, INC.



Principal Place of Business  
5100 N TAMiami TRAIL, SUITE 105  
NAPLES FL 34103

Mailing Address  
5100 N TAMiami TRAIL, SUITE 105  
NAPLES FL 34103-2810

3. Date Incorporated or Qualified  
08/19/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business  
21 Same as above

2a. Mailing Address  
26 Same as above

4. FEI Number  
59-3396019

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

29 Zip

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

25 Country

30 Country

9. Name and Address of Current Registered Agent

ULARICH, JOELLE  
5100 N TAMiami TRAIL, SUITE 105  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name N/A  
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 *Joelle Ularich*

(NOTE: Registered Agent signature required when reappointing)

DATE 6-10-97

12. OFFICERS AND DIRECTORS

| TITLE                  | NAME             | STREET ADDRESS                      | CITY-ST-ZIP        | DELETE                   |
|------------------------|------------------|-------------------------------------|--------------------|--------------------------|
| PRESIDENT/DIRECTOR     | J.P. McCloskey   | 1896 Petunia St.                    | San Juan, PR 00927 | <input type="checkbox"/> |
| SEC/TREASURER/DIRECTOR | Billie Sandsmark | 1530 Imperial Golf Course Blvd #311 | NAPLES, FL 34104   | <input type="checkbox"/> |
| DIRECTOR               | CARLOS PLANIL    | 315 Romenech AVE                    | SAN JUAN, PR 00918 | <input type="checkbox"/> |
|                        |                  |                                     |                    | <input type="checkbox"/> |
|                        |                  |                                     |                    | <input type="checkbox"/> |
|                        |                  |                                     |                    | <input type="checkbox"/> |
|                        |                  |                                     |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE              | 1.2 NAME         | 1.3 STREET ADDRESS                  | 1.4 CITY-ST-ZIP    | Change                   | Addition                            |
|------------------------|------------------|-------------------------------------|--------------------|--------------------------|-------------------------------------|
| PRESIDENT/DIRECTOR     | J.P. McCloskey   | 1896 Petunia St.                    | San Juan, PR 00927 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SEC/TREASURER/DIRECTOR | Billie Sandsmark | 1530 Imperial Golf Course Blvd #311 | NAPLES, FL 34104   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DIRECTOR               | CARLOS PLANIL    | 315 Romenech AVE                    | SAN JUAN, PR 00918 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                        |                  |                                     |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|                        |                  |                                     |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|                        |                  |                                     |                    | <input type="checkbox"/> | <input type="checkbox"/>            |
|                        |                  |                                     |                    | <input type="checkbox"/> | <input type="checkbox"/>            |

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 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 *Joelle Ularich*

CR2E034 (9/96)