		PLEASE READ A	ALL INST	RUCTI	ONS	BEFORE (COMPLET	ING THIS FO	ıRM.		
REN		ON MENT	FLORIDA	A DEPAF Sandra E Secreta	RTMEN 3. Mort ry of S	NT OF STATE tham tate	1 -	APPROV AND FILEE	ilsu)	MO	
DOCUMENT # P9700065195							98 NOV 19 AM 9: 43				
Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
BEYERG, INC.								TALLAHASSEE,	PL.UM	NA.	
Principal Pl	95\$	ess									
2333 BRICK MEZZANINE MIAMI FL 33			2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI FL 33129								
		incorrect in any way, line thro Address, if Applicable			ormation and enter correction below. g Office Address, If Applicable			orated or Qualified			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				To Do Business in Florida 07/29/1997			9/1997	
City & State	3	City & State			5. FEI Number	5-077756	57	Applied For Not Applicable			
Zip Country			Zip Count			, –	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee regulred for a Certificate of Status				
7. Names a	and Street Ac	dresses of Each Officer and/o	r Director (Flor	rida nonprofit	corporat	tions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			n r umbers)	City / State / Zip			
PD	RAMIREZ, ERNESTO			340 N.W. 67TH STREET			 -	BOCA RATON FL 33487			
VD RODRIGUEZ, WILSON			510 SOUTH WOF			THINGTON STREET		OCONOMOWOC WI 53066			
								6000027017163 -12/03/9801061020 ****150.00 ****150.00 _			
	8. Nan	ne and Address of Current R	egistered Age	nt			9. Name and A	Address of New Regis	tered Aç	gent	
MALEK, FARHAD 2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI FL 33129					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code						
Signature o	f Agent is corpo	ration owes or ha	SISTEM AG	ENT MC	SIGN nt yea	IRED	No	Date	FL the side on intensi	Por information	
12. I certify this reins owed by	that I am an o statement ap	officer or director or the receiviplication, the reason for dissolition have been paid and the nature and accurate, and my sign	er or trustee en ution has been ames of individu	powered to o eliminated, the	execute to the corpor this form	his application as p ate name satisfies and not qualify for	provided for in cha the requirements an exemption und	of section 607.0401 or	617.040	1, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ydelsy Quevedo Forte Attorney at Law

(305) 854-7474

Brickell Bay Club
2333 BRICKELL AVENUE

33 BRICKELL AVENUE MEZZANINE SUITE

Miami, Florida 33129

November 16, 1998

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Pursuant to our telephone conversation today wherein you advised that you would waive the penalty on the following corporation upon written explanation from us; please be advised that on March 1998 this office forwarded the Annual Report Fee of BEYERG, INC. in a timely fashion. Unfotunatly we have been informed by the U. S. Postal Service that the mailbox we used was vandalized and some of the mail was stolen and or destroyed. We believe this particular envelope containing the above named annual report fee of the above corporation to the Department of State was one of the destroyed items.

We thank you for understanding our position and for waiving the penalty. Enclosed please find our check number 1102 in the amount of \$150.00 to cover the above corporation's Annual Report fees for 1998.

If you need any further information please do not hesitate to contact this office.

Sincerely yours,

Farhad Malek General Manager