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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF ON THE PROPERTY # P9700096352 (4)

BERICA INTERNATIONAL COMPANY

 Principal Place of Business
 Mailin

 999 PONCE DE LEON BLVD.
 999 F

 SUITE 1110
 SUITE

 CORAL GABLES FL 33134
 CORA

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 FILED
Jan 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5. Certificate of Status Desired

11/12/1997

FEI Number

22 27									Fee Required
L_ (	City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28					Trust Fund Contribution Added to Fees
	Zip	<u> </u>	Country	Zip		Country	1		8. This corporation owes or has paid the current year Intangible
24		25		29	3	0			Personal Property Tax due June 30.  Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
TRIAY, CARLOS A						81	N	ame	
999 PONCE DE LEON BLVD.						82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1110							<u> </u>		
CORAL GABLES FL 33134						83			
							Ç	ity	85 Zip Code
Ad Division to the graph land of Continue 207 0000 and 207 4700 Civil Ci									FL 60 25 0000
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									
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, and or person name of registered agent and life if applicable (NQTE: Registered Agent signature required whon reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12									
TITLE		· <del>PSD</del> -	OTTIOLITIS AND L	ALL CIONS	DELETE	1.1 TITLE		ł	President / Directure And Birectors in 12
NAME					1.2 NAME			_ '	
	REET ADDRESS 999 PONCE DE LEON BLVD. SUITE 1110						0000	gotta, Victor	
	TY-ST-ZIP CORAL GABLES FL-33134				1.4 CITY-ST-ZIP		NESS	999 Ponce Delean Blvd #1110	
TITLE		TD	ADELO I E GOTOT		DELETE	2.1 TITLE	1-211	, E	COPAL SABLES, H. 33134  DICE PRESIDENT DE Change MAddition
NAME		GOITIA. VICTOR					1		
	T ADDRESS		E DE LEON BLVD. SU	ITE 1110		2.3 STREET	ADDO	nece .	SOITIA, VICTOR, JR.
	ST-ZIP		ABLES FL 33134	MIL 1110		2.4 CITY-S			199 Poice Deleon Blvd # 1110 CO/al 92665 Pt- 33134
TITLE		001112 07	IDEED I E COTOT		DELETE	3.1 TITLE	31-21		Secretary + theasurer Achange Addition
NAME	: 1				_	3.2 NAME		"	
	T ADDRESS					3.3 STREET	ADDA	BESS	999 Force Delean Blud + 1110
CITY -	ST-ZIP					3.4. CITY - S			CO/al abbus, 12. 33134
TITLE					DELETE	4.1 TITLE	,, <u></u> ,	<u> </u>	Change Addition
NAME	. 1					4. 2 NAME			<del></del> • <del>-</del>
STREE	T ADDRESS					4.3 STREET	ADDF	RESS	
City-	ST-ZIP					4.4 CITY - ST	T-ZIP	,	
TITLE					DELETE	5.1 TITLE			Change Addition
NAME						5.2 NAME		1	
STAEE	T ADDRESS					5.3 STREET	ADDR	RESS	
CITY -	ST-ZIP					5.4 CITY-ST	T-ZIP	,	
TITLE			:	-	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	ļ					6.2 NAME			
STREE	T ADDRESS					6.3 STREET	ADDR	RESS	
	ST-ZIP					6.4 CITY-ST			
14.	hereby c	ertify that the in	formation supplied with t	his filing do	es not qualify for the	ne exempt	llon	stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 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 or an attachment with an aggress.

SIGNATURE: 1/8/99 (305)418-4334

R2E034 (10/97)

Applied For Not Applicable

\$8.75 Additional