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Jan 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000096352 (4)  
1. Corporation Name  
BERICA INTERNATIONAL COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134		Mailing Address 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRIAY, CARLOS A 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134		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] DATE 1/8/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD- <input type="checkbox"/> DELETE	1.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUGGIERO, MARIO	1.2 NAME	Goitia, Victor
STREET ADDRESS	999 PONCE DE LEON BLVD. SUITE 1110	1.3 STREET ADDRESS	999 Ponce de Leon Blvd #1110
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President / D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOITIA, VICTOR	2.2 NAME	GOITIA, VICTOR, JR.
STREET ADDRESS	999 PONCE DE LEON BLVD. SUITE 1110	2.3 STREET ADDRESS	999 Ponce de Leon Blvd #1110
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary + Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GOITIA, FREMIN
STREET ADDRESS		3.3 STREET ADDRESS	999 Ponce de Leon Blvd #1110
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: [Signature] Victor Goitia President 1/8/99 (305) 418-4334

CR2E034 (10/97)