

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S20205** (8)

1. Corporation Name
BERBICE ENTERPRISES, INC.



Principal Place of Business: **665 N.W. 185 TERR. MIAMI FL 33169 US**
Mailing Address: **665 N.W. 195 TERRACE MIAMI FL 33169**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1990		3a. Date of Last Report 08/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0229912		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, JAMES A 665 NW 195TH TERR MIAMI FL 33169				81	Name CARTER, JAMES A.		
				82	Street Address (P.O. Box Numbers Not Acceptable)		
				83	665 N.W. 195 TERRACE		
				84	City MIAMI	85	Zip Code FL 33169

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	LOO
NAME	CARTER, JAMES A	1.2 NAME	CARTER, JAMES A
STREET ADDRESS	665 N.W. 195TH TERR	1.3 STREET ADDRESS	665 N.W. 195 TERRACE
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	MIAMI, FL. 33169
TITLE		2.1 TITLE	CEO
NAME		2.2 NAME	MOBUTU, JUMBOYA S.
STREET ADDRESS		2.3 STREET ADDRESS	14202 S.W. 283 RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL. 33033
TITLE		3.1 TITLE	CFO
NAME		3.2 NAME	HILLIMAN, PHILBERT L.
STREET ADDRESS		3.3 STREET ADDRESS	2801 N.W. 60 AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SUNRISE, FL. 33313
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	500001854925
NAME		5.2 NAME	-06/07/96--01010--025
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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: _____ DATE: **5/24/96** (305) 372-6826

CR2E034 (12/95)