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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-11-96

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DOCUMENT # S32800

(2)

1. Corporation Name

BERNSTEIN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3600 MYSTIC POINTE DR
UNIT 913
NORTH MIAMI BEACH FL 33180

3600 MYSTIC POINTE DR
UNIT 913
NORTH MIAMI BEACH FL 33180



3. Date Incorporated or Qualified

02/14/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 3600 MYSTIC POINTE DR.

26 3600 MYSTIC POINTE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 913

27 UNIT 913

City & State

City & State

23 AVENTURA, FL

28 AVENTURA, FL

Zip

Country

Zip

Country

24 33180

25 USA

29 33180

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DATRAM CORPORATE AGENTS INC
2601 S BAY SHORE DR
MIAMI FL 33133

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME BERNSTEIN, SHELDON
STREET ADDRESS 3600 MYSTIC POINTE DR
CITY-ST-ZIP N MIAMI BEACH FL AVENTURA, FL

TITLE DVS
NAME BERNSTEIN, ESTELLE
STREET ADDRESS 3600 MYSTIC POINTE DR
CITY-ST-ZIP N MIAMI BEACH FL AVENTURA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)