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

PRÔFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S90301

(0)

**BERNAUDO'S CORPORATION** 

**FILED** Apr 27 1998 8:00am Secretary of State

| Principal Place of Business                       |  | Mailing Address                                   |              |            |                    | i im bridaim i im affiri manama aniti mffff i i fait miðfr maðfr þiðir þjætr fliffir 160)         |                                   |
|---|--|---|--------------|------------|--------------------|---|-----------------------------------|
| 14 N.E. 1ST AVENUE<br>Suite 308<br>Miami Fl 33131 |  | 14 N.E. 1ST AVENUE<br>SUITE 308<br>MIAMI FL 33131 |              |            |                    | DO NOT WRITE IN THIS SPACE  |                                   |
|   |  |   |              |            |                    | 3. Date Incorporated or Qualified   |                                   |
|   |  |   |              |            |                    | 10/28/1991  |                                   |
| 2. Principal P                                    | Place of Business  | 2a. Mailing Address                               |              |            |                    | 4. FEI Number   | Applied For                       |
| 21  |  | 26  |              |            |                    | 65-0293718  | Not Applicable                    |
| Suite, Apt.                                       | #, e1C.  | Suite, Apt. #, etc.                               |              |            |                    | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |
| City & Stat                                       | 6  | City & State                                      |              |            |                    | 6. Election Campaign Financing  | \$5.00 May Be                     |
| 23  |  | 28  |              |            |                    | Trust Fund Contribution   | Added to Fees                     |
| Zip   | Country  | Zip   |              | Country    | 7                  | 8. This corporation owes or has paid the  | current year Intangible           |
| 24  | 25   | 29  | 30           |            |                    | Personal Property Tax due June 30.  | Yes 🔲 No                          |
| 9. Name and Address of Current Registered Agent   |  |   |              |            |                    | 10. Name and Address of New Register  | ed Agent                          |
| BEI   | RNAUDO, ANIBAL   |   |              | 81         | Name               |   |                                   |
| 14 N.E. 1ST AVENUE                                |  |   |              | 82         | Stroot Ado         | dress (P.O. Box Number is Not Acceptable)   |                                   |
| SUITE 308   |  |   |              | 52         | Stibbl Auc         | iless (F.O. Box Number is Not Acceptable)   |                                   |
| MIAMI FL 33131                                    |  |   |              | 83         |                    |   |                                   |
| IVIII   | umi i E 00101  |   |              |            |                    |   |                                   |
|   |  |   |              | B4         | City               | F   | 85 Zip Code                       |
| office or r                                       | to the provisions of Sections 607.0<br>registered agent, or both, in the Sta<br>im familiar with, and accept the obt | te of Florida, Such chang                         | e was author | ized by    | the corpora        | poration submits this statement for the purpos<br>ation's board of directors. I hereby accept the | e of changing its registered      |
| SIGNATURE   |  |   |              |            |                    |   |                                   |
|   | Signature, typed or printed name of registered a   | *   |              |            | ont signature requ | uired when reinstating) DAT   |                                   |
| 12,   |  | ND DIRECTORS                                      |              | 13.        |                    | ADDITIONS/CHANGES TO OFFICERS A   |                                   |
| TITLE   | PD   | DELETE  |              | 1.1 TITLE  |                    | ·   | ☐ Change ☐ Addition               |
| NAME  | BERNAUDO, ANIBAL   |   | 1            | .2 NAME    |                    |   |                                   |
| STREET ADDRESS                                    | 14 N.E. 1ST AVENUE, SUIT   | E 308   | 1            | .3 STREET  | ADDRESS            |   |                                   |
| CITY-ST-ZIP                                       | MIAMI FL 33131   |   |              | 4 CITY - S | IT- ZIP            | ·   |                                   |
| TITLE   | VO .   |   |              | 2.1 TITLE  |                    |   | Change Addition                   |
| NAME  | BERNAUDO, CLAUDIA  |   | 2            | 2 2 NAME   |                    |   |                                   |
| STREET ADDRESS                                    | 14 N.E. 1ST AVENUE, SUITI  | E 308   | 2            | a stheet   | ADDRESS            |   |                                   |
| CITY-ST-ZIP                                       | MIAMI FL 33131   |   |              | 4 CITY-    | ST - ZiP           |   |                                   |
| TITLE   | DELETE   |   | 3.1 TITLE    |            |                    | Change Addition   |                                   |
| NAME  |  |   | 3            | .2 NAME    | 1                  |   |                                   |
| STREET ADDRESS                                    |  |   | 3            | 3 STREET   | ADDRESS            |   |                                   |
| CITY-ST-ZIP                                       |  |   | 3            | 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 suppliemental 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:

\*\*Bernaudo\*\* Cloudia\*\* 4-20-98\*\* 305-373-3822\*\*

4.1 TITLE 4. 2 NAME

5.1 TITLE

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 54 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

DELETE

DELETE

DELETE

Change

Change

Change

Addition

☐ Addition

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