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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	· · · /	ry of State CORPORATIONS		
DOCUN 1. Corporation	MENT # V3178	31 (0)			
BERGE	R ENTERPRISES, INC.				
Principal Place	of Business	Mailing Address		1 (691) 8/1090 1/100 1/101/ 1091/ 1910	
2049 SW 28	WAY	2049 SW 28 WAY			
FT LAUDERD	ALE FL 33312	FT LAUDERDALE FL 33	312		
				3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0332187	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for a	-
24	9. Name and Address of Curre	29 ont Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
			81 Name		
	, Leopold		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e\
	/ 28 WAY				-,
FT LAUD	ERDALE FL 33312		83		
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corpor	ation submits this statement for the purp	nose of changing its registered office
or registere familiar with	id agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such change was authorize tion 607.0505, Florida Statutes.	d by the corporation's boar	d of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE _					
12.	Signature, typed or printed name of registered ager	nt and title if applicable (NOT) ND DIRECTORS	Registered Agent signature required	· · · · · · · · · · · · · · · · · · ·	DATE
TITLE	P\$D	DELETE	1, 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
NAME	BERGER, LEOPOLD		1.2 NAME		
STREET ADDRESS	2048 SW 28 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME		_ 250515	3 2 NAME		C Auguste C Vaguent
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 DITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C(TY - ST - Z(P) 5. 1 T(TLE		Change Addition
NAME		C) perior	5.2 NAME		□ ouends □1 wormon
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	64 CHY-ST-ZIP	or the exemption stated in Section 119 (17/3VIV Florida Statutas 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 eath; 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 address.

SIGNATURE: 🦪

LEOPOLD BERGER 4-22-92 791-5571
DEDIRECTOR Date Device Proce #