FILE NOW: FILING FEE IS \$61.25

NONPROFIT



| ANN | RPORATION JUAL REPORT 1996 | Secret DIVISION OF | B. Morth tary of Sta | arr ite | | | | | |
|--|---|-----------------------------------|-------------------------|----------------------------------|--|----------|-----------|---|-----------------|
| DOCUMENT # N9500005889 (9) TEJADA FAMILY FOUNDATION, INC. Principal Place of Business 6880 SW 132 ST. MIAMI FL 33156 6880 SW 132 ST. MIAMI FL 33156 | | | | | | | | | |
| 2 Discissif | 200 | | | | 3. Date Incorporated or Qualified 12/12/1995 | 3a. Dat | e of Last | Report | |
| 2. Principal F | Place of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65-0634 | 239 | • | Applied For | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | | | Certificate of Status Desired | W | | Not Applicable Additional | \dashv |
| 22 City & Sta | te | City & State | | | | <u> </u> | Fee | Required | _ |
| 23 | | 28 | | | Election Campaign Financing Trust Fund Contribution | | | O May Be d to Fees | |
| Zip 24 | Country 25 | Zip 29 | 30 Co | untry | 8. This corporation has liability for int | | under s. | | 1 |
| | 9. Name and Address of Curr | | 30] | T | Florida Statutes 10. Name and Address of New Reg | Yes 1 | | | _ |
| STE. 17(MIAMI FI | ith, and accept the obligations of, Se | ction 617.0503, Florida Statutes. | s, the abo | 83 84 City | ress (P.O. Box Number is Not Acceptable) ration submits this statement for the purpor of directors. I hereby accept the appoir | FL | | o Code egistered office agent. I am | |
| 12. | Signature, typed or printed name of registered agent and title if applicable. (NO: OFFICERS AND DIRECTORS | | TE: Registered | Agent signature require: | | DATE | | | ୗ୷ |
| TITLE | D | DELETE | | TLE | ADDITIONS/CHANGES 10 OFFIC | | | |]క్లో |
| NAME STREET ADDRESS CITY-ST-ZIP | TEJADA, FRANCISCO 6880 SW 132 ST. MIAMI FL 33156 | | 12 N 1.3 S | i | | | Change | ☐ Addition | CR2E037 (12/95) |
| NAME STREET ADDRESS CITY-ST-ZIP | D TEJADA, BARBARA 6880 SW 132 ST. MIAMI FL 33156 | DELETE | | | | | Change | ☐ Addition | 15 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PRANK, ANA M 4605 WOODCREEK DR. KENTWOOD MI 49546 | DELETE | | 1 | | | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-S1-ZIP | D TEJADA, SEMIRAMIS 57 PARK AVE., APT. B MADISON NJ 07940 | DELETE | 4.4 CI | AME REET ADORESS IY-ST-ZIP | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | | DELETE | | | | | Change | ☐ Addition | 1 |
| TITLE NAME | | DELETE | 6.1 Til | LE | | | Change | Addition | |

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone V

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

February 28, 1996 (305)251-4540