FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N94000005475 (8)**

1. Corporation Name

THE CEJAS FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. SUITE 4880 MIAMI FL 33131	P.O. BOX 191768 MIAMI FL 33119

3. Date Incorporated or Qualified: **11/03/1994**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **APPLIED FOR 65-0534149** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CEJAS, PAUL L.
200 S. BISCAYNE BLVD.
SUITE ~~4880~~ 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CEJAS, PAUL L		1.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD. Suite 2410		1.3 STREET ADDRESS	200 S. Biscayne Blvd., Suite 2410
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VTD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CEJAS, PABLO L		2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD. Suite 2410		2.3 STREET ADDRESS	200 S. Biscayne Blvd., Suite 2410
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VSD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CEJAS, GERTIE TRUDY		3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD. Suite 2410		3.3 STREET ADDRESS	200 S. Biscayne Blvd., Suite 2410
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Paul Cejas April 9, 1996 305-371-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #