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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M18158

BERNARDO GARCIA FUNERAL HOME (WESTCHESTER), INC.

Principal Place of Business : 8215 S.W. 40 ST. MIAMI FL 33155-3334

Mailing Address

8215 S.W. 40 ST. MIAMI FL 33155-3334

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90028 037 ***150.00



| MIRMI FL 33133 | MINMITE SOLUTION | | | DO NOT WRITE IN THIS SPACE | | |
|---------------------|---|---|----------------|----------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | 07/18/1985 | 1 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-2582235 | Not Applicable |
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| | City & State City & State | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | A Secretary | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year | r Intangible |
| 24 | 25 | 29 3 | 30 · | | Personal Property Tax. | ¥Yes □No |
| | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New Register | red Agent |
| 144 D3 | The DEDOG A | | 81 | Name | | * |
| MARTIN, PEDRO A | | | | 2 Street Add | fress (P.O. Box Number is Not Acceptable) | |
| 1221 BRICKELL AVE. | | | | | Reserve to the second of the complete of the second of the | स्टर २३५ - व १५५ व्यक्ति अस्टर्ड से १ - उस्ति |
| % GREENBERG TRAURIG | | | 83 | 3 | · 图 如此 医 等 医 解 [1] | |
| MIAM | ll FL 33131ू ्रि | | 84 | l City | <u>。 </u> | 85 Zip Code |
| | | | 6 | • City | ļ | |
| 11. Pursuant to | o the provisions of Sections 607 | .0502 and 607.1508, Florida Statutes | s, the abov | e-named cor | poration submits this statement for the purpos | e of changing its registered |
| office or re | distered agent or both in the S | tate of Florida. Such change was aut bligations of, Section 607.0505, Florid | thorized by | / the corporat | ion's board of directors. I hereby accept the ap- | opointment as registered |
| | Training Will, and accept the or | bilgationo di, badilen del tecce, vient | | | • | |
| SIGNATURE 5 | Signature, typed or printed name of registere | d agent and title if applicable. (NOTE: F | Registered Age | ent signature requir | red when reinstating) 1 1 2 DATE | |
| 12. | OFFICERS | S AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | 5 9 58 % (2 | ☐ Change ☐ Addition |
| NAME | Garcia, Bernardo | | 1.2 NAME | | | . { |
| STREET ADDRESS | 8215 SW 40TH ST. | | 1.3 STREE | T ADDRESS . | | ; |
| CITY-ST-ZIP | MIAMI FL 33155-3334 | | 1.4 CITY- | ST-ZIP | · | |
| TITLE | VS | ☐ DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | MARTIN, PETER R. | | 2.2 NAME | | | |
| STREET ADDRESS | 8215 SW 40TH ST. | | 2.3 STREE | ET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33155-3334 | | 2.4 CITY- | ST-ZIP | | |
| TITLE | , VT | ☐ DELETE | 3.1 TITLE | | , | ☐ Change ☐ Addition |
| NAME | HERNANDEZ, RAUL | | 3.2 NAME | | | |
| STREET ADDRESS | 8215 SW 40TH ST. | | 3.3 STREE | ET ADDRESS | Section 1 Section 1 Section 1 Section 1 | AND A SECRET TO THE A SECRET SEC. |
| CITY-ST-ZIP | MIAMI FL 33155-3334 | | 3.4. CITY- | ST-ZIP | | |
| TITLE | ٧ | ☐ DELETE | 4.1 TITLE | | | 為 孙 [] Change 选择 [] Addition |
| NAME | GARCIA, DOLORES | | 4. 2 NAME | : | | |
| STREET ADDRESS | 8215 SW 40TH ST. | | • | ET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33155-3334 | | 4.4 CITY- | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADORESS | | |
| CITY-ST-ZIP | } | | 5.4 CITY- | ST-ZIP | Grand State of the Control of the Co | |
| TITLE | F _K ** | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | ÷ 6 | | 6.2 NAME | | • | |
| STREET ADDRESS | • | | 6.3 STREE | ET ADDRESS | | i |
| CITY-ST-ZIP | | | 6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Quil Q. Wheemander RAUL R HERNAHOR Z. ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR