

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000036616

**Entity Name:** MASPONS FUNERAL HOME, INC.

**Current Principal Place of Business:**

3500 SW 8TH STREET  
MIAMI, FL 33135

**Current Mailing Address:**

P.O. BOX 140340  
CORAL GABLES, FL 33114 US

**FEI Number:** 65-0749594

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASPONS, ERIC JR  
3500 SW 8TH STREET  
MIAMI, FL 33135 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name MASPONS RIVERO, ERIC JR  
Address 3500 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title DVP  
Name MASPONS, MIGUEL  
Address 3500 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title DVP  
Name MASPONS, ANNETTE  
Address 3500 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title DVP  
Name MASPONS, MARIA  
Address 3500 S.W. 8TH STREET  
City-State-Zip: MIAMI FL 33135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNETTE MASPONS

VP

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date