

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 348674

(3)

1. Corporation Name

CITY MEMORIAL AND MONUMENTS INC.



Principal Place of Business

8483 N.W. 64TH STREET  
MIAMI FL 33166

Mailing Address

8483 N.W. 64TH STREET  
MIAMI FL 33166-2602

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAFRESNAYE, SERGE  
9151 N. W. 148 TERR.  
MIAMI FL 33016

3. Date Incorporated or Qualified  
06/30/1969

3a. Date of Last Report  
04/30/1996

4. FEI Number  
59-1274656

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type: (For printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME  
LAFRESNAYE, SERGE

☐ DELETE

1.1 TITLE  
1.2 NAME

☐ Change ☐ Addition

STREET ADDRESS  
9151 N.W. 148 TERR.  
CITY & ZIP  
MIAMI FL

13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE  
STD

☐ DELETE

2.1 TITLE  
2.2 NAME

☐ Change ☐ Addition

NAME  
PICARD, FRANCE

2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

STREET ADDRESS  
8351 N.W. 106TH TERR.  
CITY, ST, ZIP  
MIAMI LAKES FL

3.1 TITLE  
3.2 NAME

☐ Change ☐ Addition

TITLE  
DELETE

☐ DELETE

3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

NAME  
DELETE

☐ DELETE

4.1 TITLE  
4.2 NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY, ST, ZIP

4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
DELETE

☐ DELETE

5.1 TITLE  
5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY, ST, ZIP

5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
DELETE

☐ DELETE

6.1 TITLE  
6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY, ST, ZIP

6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SERGE LAFRESNAYE, PRES

1-31-97

305-594-4628

Date

Daytime Phone #

0227895

CR2E034 (9/96)