

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 624052 (7)

1. Corporation Name
BERNANDO GARCIA CORPORATION



Principal Place of Business: 4100 N.W. 7TH STREET MIAMI FL 33126-5518
Mailing Address: 8215 SW 40TH ST. MIAMI FL 33155-3334

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. City & State
23. City & State
24. Zip Country
25. Zip Country

3. Date Incorporated or Qualified: 06/05/1979
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1912780
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
**MARTIN, PEDRO A.
1221 BRICKELL AVE.
% GREENBERG TRAURIG
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code (FL)

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent Signature required when not applicable)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, BERNANDO G.	
STREET ADDRESS	8215 SW 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA, DOLORES M.	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTIN, PETER R	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, RAUL	
STREET ADDRESS	8215 SW 40TH ST.	
CITY-ST-ZIP	MIAMI FL 33155-3334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter R. Martin 1/13/96 (305) 226-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Office #

CR2E034 (12/95)