

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # 641492 (4)**

1. Corporation Name  
**BERNARDO GARCIA FUNERAL HOME (MIAMI), INC.**



Principal Place of Business: **4100 NW 7TH ST. MIAMI FL 33126**  
Mailing Address: **8215 SW 40TH ST. MIAMI FL 33155-3334**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/05/1979</b>	<b>05/01/1995</b>
4. FEI Number	Applied For
<b>59-1946783</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MARTIN, PEDRO A.  
1221 BRICKELL AVE.  
% GREENBERG TRAUIG  
MIAMI FL 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 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) (NOTE: Registered Agent signature is required for change of status)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, PEDRO A.</b>	1.2 NAME <b>Martin, Peter R.</b>
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33155-3334</b>	1.4 CITY-ST-ZIP
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, BERNARDO G</b>	2.2 NAME
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33155-3334</b>	2.4 CITY-ST-ZIP
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, RAUL</b>	3.2 NAME
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33155-3334</b>	3.4 CITY-ST-ZIP
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, DOLORES</b>	4.2 NAME
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33155-3334</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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

CR2E034 (12/95)