

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

**FILED**  
**Jan 29 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 # 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**

3. Date Incorporated or Qualified  
**10/05/1979**

3a. Date of Last Report  
**01/22/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number  
**59-1946783**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, PETER R</b>	
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, BERNARDO G</b>	
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155-3334</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, RAUL</b>	
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155-3334</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, DOLORES</b>	
STREET ADDRESS	<b>8215 SW 40TH ST.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33155-3334</b>	
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 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: *Peter R. Martin* **Peter R. Martin** 1-23-97 (305) 226-1010

CR2E034 (9/96)