FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790788** **(4)**

1. Corporation Name
THE FLORIDA MANGO FORUM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 970371 MIAMI FL 33197	P.O. BOX 970371 MIAMI FL 33197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1958
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2371820 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 18710 S.W. 288 ST.	26 18710 S.W. 288 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 HOMESTEAD, FL.	28 HOMESTEAD, FL.
24 Zip 33030 25 Country USA	29 Zip 33030 30 Country USA

9. Name and Address of Current Registered Agent

DUREIKO, MARTIN
28600 SW 132 AVE
LOT 111
HOMESTEAD FL 33033

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 required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	GUZMAN, JUAN	1.2 NAME	
STREET ADDRESS	7550 WEST 30TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, COLLEEN	2.2 NAME	
STREET ADDRESS	14800 SW 200 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GROSS, EMIL R.	3.2 NAME	
STREET ADDRESS	15901 SW 157TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLENBY, MARC	4.2 NAME	
STREET ADDRESS	25250 SW 194 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HIMBURG, JIM	5.2 NAME	
STREET ADDRESS	9321 S.W. 63 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DUREIKO, MARTIN	6.2 NAME	
STREET ADDRESS	28600 SW 132 AVE LOT 111	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Colleen Griffin 3/29/95 1-305-235-2283
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #
COLLEEN GRIFFIN

0048934