

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 790788 (4)

1. Corporation Name

THE FLORIDA MANGO FORUM, INC.

Principal Place of Business

Mailing Address

18710 S.W. 288 ST
HOMESTEAD FL 33030
US

18710 S.W. 288 ST
HOMESTEAD FL 33030
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/14/1958

3a. Date of Last Report

04/04/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GUZMAN, JUAN	
STREET ADDRESS	7550 WEST 80TH LANE	18095 SW 134 CT.
CITY - ST - ZIP	HALENT FL 33018	MIAMI, FL 33177
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, COLLEEN	
STREET ADDRESS	14600 SW 200 ST.	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROSS, EMIL R.	
STREET ADDRESS	15901 SW 157TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELLENBY, MARC	
STREET ADDRESS	25250 SW 194 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIMBURG, JIM	
STREET ADDRESS	9321 S.W. 63 CT	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUREIKO, MARTIN	
STREET ADDRESS	28600 SW 132 AVE LOT 111	
CITY - ST - ZIP	HOMESTEAD FL 33033	

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

SIGNATURE:

Colleen Griffin
COLLEEN GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96
Date

345-235-2283
Daytime Phone

CR2E037 (12/95)