

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Moorthy
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790788 (4)

1. Corporation Name

THE FLORIDA MANGO FORUM, INC.

Principal Place of Business

18710 S.W. 288 ST
HOMESTEAD FL 33030
US

Mailing Address

18710 S.W. 288 ST
HOMESTEAD FL 33030-2309
US3. Date Incorporated or Qualified
08/14/19583a. Date of Last Report
03/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

4. FEI Number

59-2371820

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

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)

22361 S.W. 232 ST.

83

84 City

MIAMI

FL

85 Zip Code

33170

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GUZMAN, JUAN	
STREET ADDRESS	18095 SW 134 COURT	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, COLLEEN	
STREET ADDRESS	14600 SW 200 ST.	
CITY-ST-ZIP	MIAMI FL 33177	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROSS, EMIL R.	
STREET ADDRESS	15901 SW 157TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELLENBY, MARC	
STREET ADDRESS	25250 SW 194 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HIMBURG, JIM	
STREET ADDRESS	9321 S.W. 63 CT	
CITY-ST-ZIP	MIAMI FL 33156	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUREIKO, MARTIN	
STREET ADDRESS	28600 SW 132 AVE LOT 111	
CITY-ST-ZIP	HOMESTEAD FL 33033	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	22361 S.W. 232 ST.
6.4 CITY-ST-ZIP	MIAMI FL 33170

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 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

2/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024123

CR2E037 (9/96)