

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90049 015 ***150.00

PROFIT.
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F71073

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

Principal Place of Business
 865 W. 49TH STREET
 C/O BERNADO G. GARCIA
 HIALEAH FL 33012

Mailing Address
 8215 SW 40TH ST.
 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1982

2. Principal Place of Business
 21 **865 West 49th Street**

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
59-2171297

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 23 City & State
Hialeah, Florida

27 Suite, Apt. #, etc.
 28 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33012** 25 Country **Miami-Dade**

29 Zip **30** Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, PEDRO A.
1221 BRICKELL AVE.
% GREENBERG TRAUIG
MIAMI FL 33131

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

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 DELETE
 NAME **PD GARCIA, BERNARDO G**
 STREET ADDRESS **8215 SW 40TH ST.**
 CITY-ST-ZIP **MIAMI FL 33155-3334**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VS MARTIN, PETER R**
 STREET ADDRESS **8215 SW 40TH ST.**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VT HERNANDEZ, RAUL**
 STREET ADDRESS **8215 SW 40TH ST.**
 CITY-ST-ZIP **MIAMI FL 33155-3334**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V GARCIA, DOLORES**
 STREET ADDRESS **8215 SW 40TH ST.**
 CITY-ST-ZIP **MIAMI FL 33155-3334**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Raul R Hernandez* **RAUL R HERNANDEZ**

1/18/99

(305) 226-1010

CR2E034 (1/98)