

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # J65685 (6)

1. Corporation Name

FUNERARIA BROWARD, INC.

Principal Place of Business

Mailing Address

5980 W OAKLAND PARK BLVD
LAUDERHILL FL 33313

5980 W OAKLAND PARK BLVD
LAUDERHILL FL 33313

3. Date Incorporated or Qualified

04/06/1987

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2791706

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

2. Principal Place of Business:

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTELA, JOSE M
5980 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33313

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 the corporation

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTELA, JOSE M. SR
5980 W OAKLAND P B
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
LAGO, ROBERTO GONZALEZ
5980 W OAKLAND P B
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
LAGO, MARIA GONZALEZ
5980 W OAKLAND P B
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PORTELA, BEATRIZ
5980 W OAKLAND P B
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PORTELA, JOSE M. JR
5980 W OAKLAND P B
LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE:

Jose Manuel Portela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

(954) 484-1833

Deputy Secretary of State

CR2E034 (3/96)