

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 # **N07234** (0)

1. Corporation Name
THE GARRIDO FOUNDATION, INC.



Principal Place of Business
**6262 BIRD ROAD
SUITE 2B
MIAMI FL 33155**

Mailing Address
**6262 BIRD ROAD
SUITE 2B
MIAMI FL 33155**

3. Date Incorporated or Qualified **01/17/1985** 3a. Date of Last Report **02/02/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2603583	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUITE 2-B BIRD, INC. 6262 BIRD ROAD SUITE 2B MIAMI FL 33155				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	PD GARRIDO, JOSE A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6262 BIRD ROAD STE. 2B	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP GARRIDO, JOSE A., JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6262 BIRD ROAD STE. 2B	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MORALES, MANUEL R., JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 W. FLAGLER ST. 11 FL.	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GARRIDO, ZADY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6262 BIRD RD 2B	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **5-3-96** Daytime Phone #: **305-669-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)