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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
6262 BIRD ROAD SUITE 2B MIAMI FL 33155
6262 BIRD ROAD SUITE 2B MIAMI FL 33155-4882

3. Date Incorporated or Qualified 01/17/1985
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 8105 NW 77 STREET 26 8105 NW 77 STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2603583
Applied For Not Applicable

22 City & State 27 City & State
MIAMI, FL MIAMI, FL

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

23 Zip Country 28 Zip Country
33166 USA 33166 USA

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

24 25 29 30
33166 USA 33166 USA

8. 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

SUITE 2-B BIRD, INC.
~~6262 BIRD ROAD SUITE 2B MIAMI FL 33155~~
8105 NW 77 STREET
MIAMI, FL 33166

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD GARRIDO, JOSE A., DVP GARRIDO, JOSE A., JR., D MORALES, MANUEL R., JR., V GARRIDO, ZADY.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP.

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/6/97 305 5911111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031056

CR2E037 (9/96)