

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N41756 (0)
 1. Corporation Name
EMILIO MIYARES POLICE MEMORIAL FOUNDATION INC.



Principal Place of Business 14030 SW 38 ST MIAMI FL 33175		Mailing Address 14030 SW 38 ST. MIAMI FL 33175	
2. Principal Place of Business		3a. Date of Last Report 05/18/1995	
21 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1991	
22 City & State		4. FEI Number 65-0234668	
23 Zip		Applied For Not Applicable	
24 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		\$8.75 Additional Fee Required	
26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27		\$5.00 May Be Added to Fees	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29			
30			

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIYARES, LEONARDO 656 E 47 ST HIALEAH FL 33013		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	

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	NAME	1.1 TITLE	1.2 NAME
PD	MIYARES, LEONARDO		
656 E 47 ST		1.3 STREET ADDRESS	
HIALEAH FL		1.4 CITY - ST - ZIP	
VSD	MIYARES, TERESA	2.1 TITLE	
260 W 57 ST		2.2 NAME	
HIALEAH FL		2.3 STREET ADDRESS	
TD	IGLESIA, JOSE	2.4 CITY - ST - ZIP	
670 E 47 ST		3.1 TITLE	
HIALEAH FL		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 is voluntarily furnished and 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 a signature and address.

SIGNATURE: *Leonardo Miyares* **President** 6/17/96 (305) 529-0345
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)