

**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 # **N93000001249**

1. Corporation Name  
**PALMETTO FOUNDATION, INC.**

Principal Place of Business Mailing Address

**7100 WEST 20TH AVENUE  
HIALEAH, FL 33016  
SUITE 110**

3. Date Incorporated or Qualified **3/17/1993** 3a. Date of Last Report **2/28/95**

2. Principal Place of Business 2a. Mailing Address  
21 **7100 WEST 20TH AVE** 26 **7100 WEST 20TH AVE**  
(Suite, Apt. #, etc.) (Suite, Apt. #, etc.)  
22 **110** 27 **110**  
City & State City & State  
23 **Hialeah, FL** 28 **Hialeah, FL**  
Zip Country Zip Country  
24 **33016** 25 **USA** 29 **33016** 30 **USA**

4. FEI Number **65-0897996** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA REGISTERED AGENTS, INC.  
100 S.E. 2ND STREET  
SUITE 3700  
MIAMI, FL 33131 US**

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

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 <b>P/ld</b>	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>P/ld</b>	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George I. ELSD</b>	1.2 NAME	<b>George I. ELSD</b>
STREET ADDRESS	<b>1331 S.W. 85 CT</b>	1.3 STREET ADDRESS	<b>1331 S.W. 85 CT</b>
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
TITLE <b>D</b>	<b>Director</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>V/ld</b>	<b>HERNAN DOMINGUEZ Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUSAN CROMER-GARCIA</b>	2.2 NAME	<b>HERNAN DOMINGUEZ</b>
STREET ADDRESS	<b>8291 LA RAMPA STREET</b>	2.3 STREET ADDRESS	<b>7366 S.W. 48TH ST.</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33143</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33155</b>
TITLE <b>D</b>	<b>Director</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<b>ONELIO GARCIA, JR Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRIAM MACHADO</b>	3.2 NAME	<b>ONELIO GARCIA, JR</b>
STREET ADDRESS	<b>8271 N.W. 166 TERRACE</b>	3.3 STREET ADDRESS	<b>8291 LA RAMPA STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33016</b>	3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33143</b>
TITLE <b>D</b>	<b>Director</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>V/ld</b>	<b>MARCIA C. LLORCA Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELANIE MARKARIAN</b>	4.2 NAME	<b>MARCIA C. LLORCA</b>
STREET ADDRESS	<b>800 S. OCEAN BLVD, #901</b>	4.3 STREET ADDRESS	<b>10 EAST 52ND PLACE</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	4.4 CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>
TITLE <b>D</b>	<b>Director</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIA MIRANDA</b>	5.2 NAME	<b>900001854899</b>
STREET ADDRESS	<b>13550 SW. 199 STREET</b>	5.3 STREET ADDRESS	<b>-06/07/96--01011--004</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE <b>D</b>	<b>Director</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hope Tudanger</b>	6.2 NAME	<b>65-96</b>
STREET ADDRESS	<b>1595 EAST LAKE DR.</b>	6.3 STREET ADDRESS	<b>JK</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33326</b>	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:

*[Signature]* **April 27, 1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**970-7418**  
**266-1425**

Daytime Phone #

CR2E037 (12/95)