

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 # N94000003401 (6)

1. Corporation Name
SAINT JOSEPH THE WORKER FOUNDATION, INC.



Principal Place of Business: **2400 N. W. 93RD AVENUE MIAMI FL 33172**
 Mailing Address: **2400 N. W. 93RD AVENUE MIAMI FL 33172**

3. Date Incorporated or Qualified: **07/05/1994**
 3a. Date of Last Report: **08/24/1995**
 4. FEI Number: **65-0582112**
 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: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
DE LA ROSA, RALPH
2400 N. W. 93RD AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name: MARIO JARDON, L.C.S.W.
82 Street Address (P.O. Box Number is Not Acceptable): 10730 S.W. 31 ST.
83
84 City: Miami FL 85 Zip Code: 33165

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: *Mario Jardon* **MARIO JARDON, SEC. 8/1/96**
 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DE LA ROSA, RALPH | |
| STREET ADDRESS | 2400 N. W. 93RD AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | DOMINGUEZ, FROILANI | |
| STREET ADDRESS | 115 MENDOZA AVENUE, APARTMENT 2 | |
| CITY - ST - ZIP | CORAL GABLES FL 33134 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JARDON, MARIO E | |
| STREET ADDRESS | 10730 SW 31ST ST. | |
| CITY - ST - ZIP | MIAMI FL 33185 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, ROLANDO | |
| STREET ADDRESS | 2400 N. W. 93RD AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: *Mario Jardon* **MARIO JARDON, SECRETARY**
 Signature and typed or printed name of signing officer or director
 Date: **8/1/96** Daytime Phone: **(305) 578-0151**

CR2E037 (3/96)