

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600001400326

DOCUMENT # **N94000005475 (8)**

1. Corporation Name

THE CEJAS FAMILY FOUNDATION, INC.

Principal Place of Business

% STEEL HECTOR & DAVIS
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131-2398

Mailing Address

% STEEL HECTOR & DAVIS
200 S. BISCAYNE BLVD., STE. 4000
MIAMI FL 33131-2398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

4. FEI Number

☒ 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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite 4880

2a. Mailing Address

26 P.O. Box 191768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200 S. Biscayne Blvd.

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25 USA

29 33119

30 USA

9. Name and Address of Current Registered Agent

HARRY J. FRIEDMAN, P.A.
% STEEL HECTOR & DAVIS
200 S. BISCAYNE BLVD., SUITE 4000
MIAMI FL 33131-2398

10. Name and Address of New Registered Agent

81 Name

Paul L. Cejas

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd, Suite 4880

83 **First Union Financial Center**

84 City
Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P, D** **Cejas, Paul L.**
NAME
STREET ADDRESS **200 S. Biscayne Blvd., Ste 4880**
CITY - ST - ZIP **First Union Financial Center**
Miami, FL 33131

TITLE **VP,** **Cejas, Pablo L.**
NAME **T, D**
STREET ADDRESS **200 S. Biscayne Blvd, Ste 4880**
CITY - ST - ZIP **First Union Financial Center**
Miami, FL 33131

TITLE **VP,** **Cejas, Gertie ("Trudy")**
NAME **S, D**
STREET ADDRESS **200 S. Biscayne Blvd., Ste 4880**
CITY - ST - ZIP **First Union Financial Center**
Miami, FL 33131

TITLE
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STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Cejas, President

Date

Signature Printed Name

2/2/95

(305) 577-4779