

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 # N94000005784 (3)
1. Corporation Name

THE ENRIQUE LAVERNIA FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

829 ORCHID DRIVE
BOCA RATON FL 33432

829 ORCHID DRIVE
BOCA RATON FL 33432

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 829- ORCHID DR.

26 SAME

4. FEI Number

85-0535304
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

BOCA RATON FLA

24 Zip

25 Country

29 Zip

30 Country

33432 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVERNIA, ENRIQUE
829 ORCHID DRIVE
BOCA RATON FL 33432

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 D DELETE

1.1 TITLE Change Addition

NAME LAVERNIA, ENRIQUE

12 NAME

STREET ADDRESS 829 ORCHID DRIVE

13 STREET ADDRESS

CITY-ST-ZIP BOCA RATON FL 33432

14 CITY-ST-ZIP

TITLE D DELETE

2.1 TITLE Change Addition

NAME LAVERNIA, NIDIA

2.2 NAME

STREET ADDRESS 829 ORCHID DRIVE

2.3 STREET ADDRESS

CITY-ST-ZIP BOCA RATON FL 33432

2.4 CITY-ST-ZIP

TITLE D DELETE

3.1 TITLE Change Addition

NAME LAVERNIA, IVAN

3.2 NAME

STREET ADDRESS 5100 N.E. 31ST AVE.

3.3 STREET ADDRESS

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

100001746701
-03/18/96--01042--023
**\$61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone

009-395-1151

CR2E037 (12/95)