FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:20

DOCUMENT # **P05508** **(7)**

1. Current Name
BE YOUR HOST FOUNDATION, INC.

Principal Place of Business	Mailing Address
%CURTIS, MALLET-PREVOST, COLT ET AL 520 BRICKELL KEY DR.,STE.206 MIAMI FL 33131	%CURTIS, MALLET-PREVOST, COLT ET AL 520 BRICKELL KEY DR.,STE.206 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1985**
3a. Date of Last Report: **02/10/1994**
4. FEI Number: **52-1382693** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 Section 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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of Registered Agent and title if applicable) (If changing Registered Agent, signature of new Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	PD SASTRE, ROBERTO 101 PARK AVENUE NEW YORK NY	9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY ST ZIP	President /Director ☒ Change ☐ Addition Noda, Lourdes 520 Brickell Key Dr.,Miami,FL 33131,
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	S LOPEZ, ALMA 520 BRICKELL KEY DR., STE. 206 MIAMI FL	13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY ST ZIP	Secretary/Director ☒ Change ☐ Addition Gaskins, Jacqueline, ste.206 520 Brickell Key Drive,Miami,FL 33131
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	T LOURDES, NODA 520 BRICKELL KEY DR STE 206 MIAMI FL	17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY ST ZIP	Treasurer/Director ☒ Change ☐ Addition Perez, Blas ste.206 520 Brickell Key Dr,Miami,FL 33131
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY ST ZIP		25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY ST ZIP	☐ Change ☐ Addition
29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY ST ZIP		29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY ST ZIP	☐ Change ☐ Addition **REMITTED BY MAY 1**

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)(i), 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: Lourdes Noda (Lourdes NODA) 2/16/95 305-372-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0007084