

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 # P05508 (7)

1. Corporation 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

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SASTRE, ROBERTO
STREET ADDRESS 520 BRICKELL KEYD R
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE SD
NAME GASKINS, JAQUELINE
STREET ADDRESS 520 BRICKELL KEY DR SUITE T206
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME PEREZ, BLAS
STREET ADDRESS 520 BRICKELL KEY DR, STE 206
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

21 TITLE (D) Director-Secretary
22 NAME Gaskins, Jackie
23 STREET ADDRESS 520 Brickell Key Drive, ste. 203
24 CITY-ST-ZIP Miami, Florida 33131 ☒ Change ☐ Addition

31 TITLE (D) President- Noda, Lourdes
32 NAME 520 Brickell Key Drive, ste.203
33 STREET ADDRESS Miami, Florida 33131 ☐ Change ☒ Addition

41 TITLE Director
42 NAME Guevara, Lucy
43 STREET ADDRESS 520 Brickell Key Drive ste 203
44 CITY-ST-ZIP Miami, Florida 33131 ☐ Change ☒ Addition

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

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

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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 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

Daytime Phone #

3/6/96 (305) 374-5246

CR2E037 (12/95)

14-21-96