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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33131-2607

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
04/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUEVARA, LUCY	
STREET ADDRESS	520 BRICKELL KEY DRIVE STE. 203	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GASKINS, JACKIE	
STREET ADDRESS	520 BRICKELL KEY DR SUITE 203	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NODAZ, LOURDES	
STREET ADDRESS	520 BRICKELL KEY DR, STE 203	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Corzo, Miriam	
1.3 STREET ADDRESS	520 Brickell Key Drive, ste. 206	
1.4 CITY-ST-ZIP	Miami, Florida 33131	

2.1 TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rodriguez, Jose	
2.3 STREET ADDRESS	520 ,Brickell Key Drive, ste.206	
2.4 CITY-ST-ZIP	Miami, Florida 33131	

3.1 TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leon, Maria D.	
3.3 STREET ADDRESS	520 Brickell Key Drive, Ste. 206	
3.4 CITY-ST-ZIP	Miami, Florida 33131	

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 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

February 12, 1997

305-416-6565

CR2E037 (9/96)