

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000079619 (1)**

1. Corporation Name
MEMORIAL GARDENS OF THE AMERICAS, INC.



Principal Place of Business

~~1506 S DIXIE HWY
SUITE 350
CORAL GABLES FL 33146~~

Mailing Address

~~C/O 1506 S DIXIE HWY
STE - 350
CORAL GABLE FL 33146
US~~

2. Principal Place of Business

2a. Mailing Address

21 **1200 Brickell Avenue**
Suite, Apt. #, etc.
22 **Suite 305**
City & State

26 **1200 Brickell Avenue**
Suite, Apt. #, etc.
27 **Suite 305**
City & State

23 **Miami, Florida**

28 **Miami, Florida**

24 **33131** Country

29 **33131** Country

3. Date Incorporated or Qualified **11/12/1993** 3a. Date of Last Report **05/01/1995**
4. FET Number **65-0485148** 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

**CLINE, HARRY S
400 CLEVELAND ST
SUITE 800
CLEARWATER FL 34615**

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 607.0502 and 607.1506, 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

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

(200) Registered Agent signature required when registering

(201)

12. OFFICERS AND DIRECTORS

1.1 TITLE **PD** DELETE
1.2 NAME **FENTON, JAMES P.**
1.3 STREET ADDRESS **175 FONTAINE BLEAU BLVD / STE - F**
1.4 CITY - ST - ZIP **MIAMI FL**
2.1 TITLE **S** DELETE
2.2 NAME **POWELL JR, JEFFERSON NORM**
2.3 STREET ADDRESS **1500 S DIXIE HIGHWAY / STE - 350**
2.4 CITY - ST - ZIP **CORAL GABLES FL**
3.1 TITLE DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME **Fenton, James P.**
1.3 STREET ADDRESS **1983 NW 88th Court, Suite 301**
1.4 CITY - ST - ZIP **Miami, Florida 33172**
2.1 TITLE **S** Change Addition
2.2 NAME **Powell, Jr., Jefferson N.**
2.3 STREET ADDRESS **1200 Brickell Avenue, Suite 305**
2.4 CITY - ST - ZIP **Miami, Florida 33131**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 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 607, Florida Statutes; and that my name appears in Book 12 or 13000-13 if changed, or on an attachment, with an address.

SIGNATURE:

Jefferson Powell Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

(305) 373-6930
(Type Phone)

CR2E034 (12/95)