

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000045576 (2)
 1. Corporation Name
BERNARDO GARCIA FUNERAL HOME (KENDALL), INC.



Principal Place of Business Mailing Address
% PEDRO A. MARTIN. ESO.
1221 BRICKELL AVE.
MIAMI FL 33131

2. Principal Place of Business 21 8215 Bird Road		2a. Mailing Address 26 8215 Bird Road		3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0593653	Applied For Not Applicable
City & State 23 Miami, Florida		City & State 28 Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33155-3334	Country 25 U.S.A.	Zip 29 33155-3334	Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent MARTIN, PEDRO A ESO % GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ROSEN 1221 BRICKELL AVE. MIAMI FL 33131				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTIN, PEDRO A ESO % GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ROSEN 1221 BRICKELL AVE. MIAMI FL 33131				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 Sections 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, BERNARDO		1.2 NAME	
STREET ADDRESS 8215 SW 40TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 34		1.4 CITY-ST-ZIP	
TITLE VPS	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, DOLORES		2.2 NAME GARCIA, DOLORES	
STREET ADDRESS 8215 SW 40TH ST		2.3 STREET ADDRESS 8215 SW 40th St	
CITY-ST-ZIP MIAMI FL 34		2.4 CITY-ST-ZIP Miami FL 33155	
TITLE VPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, PETER		3.2 NAME	
STREET ADDRESS 8215 SW 40TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 34		3.4 CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, RAUL		4.2 NAME	
STREET ADDRESS 8215 SW 40TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 34		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____

CR2E034 (9/96)