

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000063759 (0)**

1. Corporation Name

ABREU GONZALEZ FUNERAL HOMES, INC.



Principal Place of Business

Mailing Address

**6851 S.W. 40TH STREET
MIAMI FL 33155**

**3190 TREMONT AVENUE
PHILADELPHIA PA 19053-6644**

3. Date Incorporated or Qualified

07/30/1996

3a. Date of Last Report

n/a

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **4126 Norland Avenue**

22 City & State **27** Suite, Apt. #, etc.

23 City & State **28** **Burnaby, B.C.**

24 Zip **25** Country **29** **V5G 3S8** **30** **Canada**

4. FEI Number

☒ 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

**CT CORPORATION SYSTEM
1200 SOUTH 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **Raymond L. Loewen**
STREET ADDRESS **4126 Norland Avenue**
CITY - ST - ZIP **Burnaby, B.C. Canada V5G 3S8**

TITLE **D/AS** ☐ DELETE
NAME **Peter S. Hyndman**
STREET ADDRESS **4126 Norland Avenue**
CITY - ST - ZIP **Burnaby, B.C., Canada V5G 3S8**

TITLE **P** ☐ DELETE
NAME **Sonny Levitt**
STREET ADDRESS **6851 SW 40th Street**
CITY - ST - ZIP **Miami, FL 33155**

TITLE **VP** ☐ DELETE
NAME **Robert D. Russell**
STREET ADDRESS **200 North Federal Highway**
CITY - ST - ZIP **Pompano Beach, FL 33062**

TITLE **AS** ☐ DELETE
NAME **Timothy A. Birch**
STREET ADDRESS **800-50 E. RiverCenter Blvd.**
CITY - ST - ZIP **Covington, KY 41011**

TITLE **S/T** ☐ DELETE
NAME **Kenneth E. Lee, Jr.**
STREET ADDRESS **3190 Tremont Avenue**
CITY - ST - ZIP **Trevoze, PA 19053-6693**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **Paul Hart**
1.3 STREET ADDRESS **3190 Tremont Avenue**
1.4 CITY - ST - ZIP **Trevoze, PA 19053-6693**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 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: **Peter S. Hyndman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

(604) 299-9321

Daytime Phone #

0007863

CR2E034 (9/96)