

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 99700005444  
1. Corporation Name  
Funeraria La Catolica, Inc

FILED

99 JUL 19 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
6871 SW 40th 6555 NW 36th  
Miami FL 33155 300-1  
Miami FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	<u>6-19-97</u>	<u>65-0815386</u>	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip	28 Zip	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name DELA Kennedy  
82 Street Address (P.O. Box Member is Not Acceptable) 6555 NW 36th 300-1  
83  
84 City Miami FL 85 Zip Code 33166

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

(NOTE: Registered Agent signature required when reappointing)

DATE 6/25/99

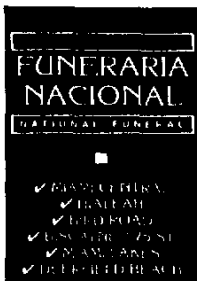
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Khalifa, S Rafay</u>	1.2 NAME	<u>HASIN ZABIDA</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>6555 NW 36th Ste 300-1</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>MIAMI FL 33166</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

I 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ZABIDA HASIN

6/25/99 305 871-1255

CR2E034 (11/98)



Management  
Offices  
6501 NW 36 St.  
Miami, FL 33166  
Tel: (305) 871-2529

Funeraria Nacional  
Central  
151 NW 37 Ave.  
Miami, FL 33125  
Ph (305) 642-6234

Funeraria Nacional  
Hialeah  
198 Hialeah Dr.  
Hialeah, FL 33010  
Ph (305) 863-0444

Funeraria Nacional  
Sur  
6871 Bird Road  
Miami, FL 33155  
Ph (305) 667-7484

Funeraria Nacional  
NE  
7550 Biscayne Blvd.  
Miami, FL 33158  
Ph (305) 751-5005

Funeraria Nacional  
Miami Lakes  
15209 NW 60 Ave.  
Miami Lakes,  
FL 33014  
Ph (305) 819-1880

National Merrill  
Funerals  
11414 South Federal  
Highway  
Deerfield Beach,  
FL 33414  
Ph (954) 427-7557

July 13, 1999

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
Annual Reports Section  
P O Box 6327  
Tallahassee, Florida 32314

Re: P97000058204 - National All Faith Funeral, Inc  
P97000056465 - La Funeraria Cubana, Inc  
P97000054444 - Funeraria La Catolica, Inc  
V36146 - First Arabian Financial Corporation  
P98000099598 - One Price Funerals, Inc  
P96000005228 - Funeraria Latina Nacional, Inc  
P97000091843 - Funeraria Havana, Inc  
P96000021525 - Funeraria Nacional Sur Corporacion  
P97000051629 - Funeral Referral Services, Inc  
P96000024334 - National Merrill Funerals Corporation

Gentlemen:

I am in receipt of your letters dated July 6 and July 7th, respectively, in which you state that you received my renewals for the corporations with the \$150.00, but have not been able to file them because we were short by the \$400.00 late fee.

This letter will serve as a formal request to appeal the assessment of this penalty, due to the fact that we relied on a third party source, according to Florida Statutes, Administrative Codes, to prepare these returns, but they were never received by the accountant and he took off with all our files. I then took it upon myself, to request the forms and a gentlemen in your office by the name of Roberts or Robertson instructed me to mail them Fedex'd with a letter of explanation and use the unprinted forms he mailed me and that the penalty would be waived. As a taxpayer, and on behalf of all the above Corporations, am exercising the rights to appeal as given to taxpayers in the Statutes of the State of Florida. You can reach me at (305) 871-1255, should you require any further assistance.

Sincerely,

(Esmeralda) Delia Kennedy  
For the Firm

CC: Attorney Bernard B Weksler, For the Firm