## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713397

(8)

HACIENDAS DE YBOR, INC.  Principal Place of Business Mailing Address											
1615 HACIENDAS COURT TAMPA FL 33605-3747											
						3. Da	ate Incorporated or Qualified 09/29/1967		ate of Last F 03/20/19		
2. Principal P	face of Business	2a. Mailing Address 26				4. FE	Number 23-7034003			pplied For lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Ce	ertificate of Status Desired		\$8.75	Additional Required	
City & State	0	City & State	·				ection Campaign Financing	r-1		) May Be	
<b>23</b> Zip <b>24</b>	Country 25	28 Zip	Country 30			8. Th	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Curre		[30]	Τ			ame and Address of New R				
	1			81	Name				<del></del>		
	Y, MARIA CIENDA CT			82	Street A	ddress (P.O.	Box Number is Not Accepta	ble)			
1615 HACIENDA CT TAMPA FL 33605				83					· · · · · · · · · · · · · · · · · · ·		
				84	City			FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu	iles, the a	bove	e-named c	corporation su	ubmits this statement for the	purpose of	changing	its registered	
office or r agent. Fa	to the provisions of Sections 617.05( egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, F	authorize Iorida Sta	d by tutes	/ the corpo s.	oration's boai	rd of directors. I hereby acce	pt the app	ointment as	s registered	
SIGNATURE .	Signature, typied or printed name of registered ag	sort and the kinglicable. (AIO	TC: Dozintoro	d Aon	not singet up s	required when rein	Ala la a	DATE			
12.		ND DIRECTORS	13.	u ngu	our erAustro.o u		DITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 7	TLE					Change	Addition	
NAME	FERNANDEZ DR, HENRY J		1.2 N	AME							
STREET ADDRESS	1510 E PALM AVENUE		1.3 S	TREET	ADDRESS						
CITY-ST- <i>T</i> IP	TAMPA, FL 00000		1.4 C	ITY - S	ST-ZIP					1	
THTLE	VD	DELETE	2.1 ¥						Change	Addition	
NAME	Martinez, Daniel		2.2 N	AME							
STREET ADDRESS	1906 ST ISABEL		2.3 \$	TREET	ADDRESS						
CITY - ST - ZIP	TAMPA FL		2.40	OITY - S	ST-ZIP					Ì	
TITLE	STD	☐ DELETE	3.1 1	TLE					Change	Addition	
NAME	GRANDA, JOE C.		3.2 N	AME							
STREET ADDRESS	21816 SAMARA DR		3.3 \$	TREET	ADDRESS					ļ	
CITY-ST-ZIP	TAMPA FL		3.4. 0	HTY-9	ST-ZIP						
TITLE		☐ DELETÉ	4.1 Ti	ITLE					Change	Addition	
NAME			4.21	MANE						ļ	
STREET ADORESS			4.3 S	TREET	ADDRESS					ļ	
C(1Y+S1+ZIF	***************************************		4.4 C	ity-s	T-ZIP						
TITLE		☐ DELETE	5.1 T	ITLE					Change	☐ Addition	
NAME			5.2 N	AME			36			1	
STREET ADORESS			5.3 S	TREET	ADDRESS			2.3	39 1 E	11.1	
CITY-ST-ZIP		er er eg <u>i jili b</u>	*****	****	T-ZIP	Same	A STATE OF STREET	<u> </u>		السين نيون	
TITLE		☐ DELETE	6.1 1					ALCOHOLD TO	☐ Change	Addition	
NAME	,	, :	6.2 N	AME			r Artin Krist (1966)	eren i e.e.	ni Parte		
STREET ADDRESS			6.3 S	TREET	ADDRESS						

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 is 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:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prone # 00472

**FILED** 

Mar 04 1997 8:00am

Secretary of State