NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N30363**

## HIALEAH FOUNDATION, INC.

Principal Place of Business	Mailing Address							
777 EAST 25TH ST 120 HIALEAH FL 33013 US	777 EAST 25TH ST 120 HIALEAH FL 33013 US							
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 01/26/1989					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0113322	Applied For Not Applicable				
City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Zip Country	Zip 29 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24 25	f Current Registered Agent	1	10. Name and Address of New Register	ed Agent				
5. Name and Address o	- Current ragiotora - g		me					
CRUZ, LILA		82 Str	eet Address (P.O. Box Number is Not Acceptable)					
6020 WEST 14 CT HIALEAH FL 33012		83						
FINELATT E SOUTE		84 Cit	y	85 Zip Code				
	617.0502 and 617.1508, Florida Statutes ne State of Florida. Such change was auther obligations of, Section 617.0503, Florid		med corporation submits this statement for the purpose corporation's board of directors. I hereby accept the ap	of changing its registered				
SIGNATURE Signature, typed or printed name of reg	pistered agent and title if applicable. (NOTE: Ro	egistered Agent sign	ature required when reinstating) DATE					
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Additi				
TITLE DVC	☐ DELETE	1.1 TTLE		Containing Transit				
NAME SUAREZ-MENENDEZ, JO	ORGE	1.2 NAME		*. *				
STREET ADDRESS 1300 CORAL WAY #20	1	1.3 STREET ADDI	RESS	*				
MARK EL		1.4 CITY-ST-ZIP	·					

**FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90162 026 \*\*\*\*61.25



SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regis	stered Agent signature req	uired when reinstating)		ATE				
	Signature, typed or printed factors and a second se			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
12.		ETE .	1.1 TITLE			į.	Change	☐ Addition		
TITLE	DVC	ı	1.2 NAME				·	.		
NAME	SUAREZ-MENENDEZ, JORGE		1.3 STREET ADDRESS							
STREET ADDRESS	1300 CORAL WAY #201	- 1				,				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				Change	☐ Addition		
TITLE	DT DELE		2.1 TITLE							
NAME	CRUZ, LILA		2.2 NAME			•		·		
STREET ADDRESS	6020 W 14 CT		2.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		· _ · - · · - · · · · · · · · · · · · ·	<del></del>	Change	☐ Addition		
TITLE	DC DELE	ETE	3.1 TITLE			. :	Change			
NAME	BAUER, CLIFF		3.2 NAME							
STREET ADDRESS	401 NW 131ST AVE		3.3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION FL 33325	i	3.4. CITY-ST-ZIP					T A Adillon		
TITLE	DS DELE	ETE	4.1 TITLE		e carried and		Change	Addition		
NAME	STERNBAUM, SY	1	4. 2 NAME							
STREET ADDRESS	A A A A NAV AND L ALIENIUE	ŀ	4.3 STREET ADDRESS							
*			4.4 CITY-ST-ZIP							
CITY-ST-ZIP	MIAMI FL.	.ETE	5.1 TITLE				Change	☐ Addition		
TITLE	_		5.2 NAME				•			
NAME			5.3 STREET ADDRESS							
STREET ADDRESS			5.4 CITY-ST-ZIP							
CITY-ST-ZIP	[] DELE		6.1 TITLE				Change	Addition		
TITLE			6.2 NAME							
NAME			6.3 STREET ADDRESS							
STREET ADDRESS		i				•		•		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	i- C 440.07(2)(i) 5	Florida Statutas I fur	ther certif	fy that the in	formation		
14. 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 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 indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address, with all other like empowered.										

SIGNATURE: