

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47350** (6)

1. Corporation Name

HANDS OF FRIENDSHIP SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

4739 SATINWOOD TRAIL
COCONUT CREEK FL 33066

4739 SATINWOOD TRAIL
COCONUT CREEK FL 33066

3. Date Incorporated or Qualified
02/13/1992

3a. Date of Last Report
03/17/1995

21 2. Principal Place of Business
9235 N.W. 61st St.

2a. Mailing Address
9235 N.W. 61st St.

4. FEI Number
65-0315642

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
TAMARAC-FLORIDA

28 City & State
TAMARAC-FLORIDA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33321-4127

25 Country
U.S.A.

29 Zip
33321-4127

30 Country
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBOSA, SYLVIA M.
4739 SATINWOOD TRAIL
COCONUT CREEK FL 33066**

81 Name **WALTER SUAREZ**
82 Street Address (P.O. Box Number is Not Acceptable)
9235 N.W. 61st St.
83
84 City **TAMARAC** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Walter Suarez* PRES. **WALTER SUAREZ** DATE: **3-2-96**

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAUTERBERG, WAYNE	
STREET ADDRESS	4060 NW 5TH STREET	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOZADA, ROSE	
STREET ADDRESS	1218 NW 192 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BON, OLGA	
STREET ADDRESS	6050 NW 92ND AVE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BELLO, JOE	
STREET ADDRESS	672 NW 133RD WAY	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALTER SUAREZ	
1.3 STREET ADDRESS	9235 N.W. 61st St.	
1.4 CITY - ST - ZIP	TAMARAC, FL. 33321-4127	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RACZKOWSKI CHARLES	
3.3 STREET ADDRESS	13921 MONTICELLO ST.	
3.4 CITY - ST - ZIP	DAVIE, FLORIDA 33325	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RACZKOWSKI LUZ	
4.3 STREET ADDRESS	13921 MONTICELLO ST.	
4.4 CITY - ST - ZIP	DAVIE, FLORIDA 33325	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Suarez* **WALTER SUAREZ** DATE: **3-2-96**

CR2E037 (12/95)