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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 7018

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CENTRO HISPANO CATOLICO, INC. Principal Place of Business Mesting Address 12723/1960 3. Data Independent of Qualified St. Dict of Last Report 12723/1960 3. Data Independent of Qualified St. Dict of Last Report 12723/1960 3. Data Independent of Qualified St. Dict of Last Report 12723/1960 3. Data Independent of Qualified St. Dict of Last Report 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Mesting Address 12723/1960 3. Data Independent of Copy Independent of Sp. Of Independent Indep	1. Corporation	Name	 (-)			\			
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8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Pursuant to the provisions of Soctions 617,0502 and 617,1509, Florids Statutes, the above-named corporation submite this statement for the purpose of changing its registered affect or registered agent, or both in the State of Florids Such change was authorized by the corporation submite this statement for the purpose of changing its registered agent, and both in the State of Florids Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, and both in the State of Florids Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent, and the purpose of changing its registered agent									
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FITZGERALD, J. PATRICK 110 MERRICK WAY, @6 9'8 CORAL GABLES FL 33134 88 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation outmits this statement for the purpose of changing this registered agent. Lam he State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the suppointment as registered agent. Lam handling with, and cacept the obligations of Section 175,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS SD DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SD DELETE 11 Till E Delete 21 Till E De				1,-2,					
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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 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, Floridas Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. SUBMARE SIMO, SUSAN 11. INVEST. AP INVEST.	CORAL (GABLES FL 33134		63					
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Signature represent promoter or promotering many their perposition (NOTE Replacement Agent signature required when rematering)	agent. I ar	m familiar with, and accept the o	bligations of, Section 617.050	3, Florida Statute	8.		, , , , , , , , , , , , , , , , , , , ,		
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I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617. Florida Statutes: and that my name	14. I do here!	by certify that the information sup	oplied with this filing does not	qualify for the ex	emption a	tated in Section 119.07(3)	(i), Florida Statute	s. I further certify that	the
appears in Block 12 or Block 13 if changed, or on ah attachment with an address.	I am an of	fficer or director of the corporation	on or the receiver or trustee er	npowered to exe	cute this	report as required by Cha	pter 617, Florida S	Statutes; and that my r	ame