FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

720540 **DOCUMENT** #

(4)

١.	Corporation Name							
	CI.	HR	15	INC				



zincina' Place of P	Vusiness	Mailing Address					
Principa' Place of Business P.O. BOX 10735 TAMPA FL 33679		P.O. BOX 10735	,				
		TAMPA FL 33679			Date incorporated or Outlified	3a. Date of Las	st Report
					3. Date incorporated or Qualified 03/18/1971	03/02/	1995
						<u> </u>	Applied For
. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-1863149		Not Applicable
<u> </u>		26					75 Additional
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		ee Required
		27			Election Campaign Financing	<u> </u>	.00 May Be
City & State		City & State			. Trust Fund Contribution	☐ Ad-	ded to Fees
		28	Country		8. This corporation has liability for in	intangible tax under	rs. 199.032,
Zip	Country	Zip	30	4	Florida Statutes	_ Yes L N≎	
ח	25	29 t Segistered Agent	100		10. Name and Address of New R	legistered Agent	
	9. Name and Address of Current	· magnerence safferin	81	1 Name			
	I PAGIA V			10.	Luisa M. Cisneros delress (P.O. Box Number is Not Acceptab	rie)	
HUBER, MA	ALEANA V		82	Street A	Lyford Cay Rd.		
	SPERING HOLLOW DRI		83	3 43 1			
tampa fl	33635					85	Zip Code
			84		Mamaa		22620
		10.7	toe the sh-	named cor	poration submits this statement for the pur	debaggion	its registered office
11. Pursuant to	the provisions of Sections 617,0502	? and 617.1508, Florida Statu Ha. Such chance was authori	πes, the abov€ ized by the cor	marned co. rporation's t	Tampa rporation submits this statement for the purposard of directors. I hereby accept the app	pointment as registe	ered agent, I am
or registered	d agent, or both, in the State of Floric , and accept the obligations of, Section	ion 617,0503, Florida Statute	7S.			4/16	146
tamiliar with,	Luci Du Ciss	218200			and the constitue	DATE	776
SIGNATURE	gnature typed or printed name of registered agent	t and title trappication		gent signature re	equiren when reinstating) ADDTIQNS/CHANGES TO OFF	FICERS AND DIREC	CTORS IN 12
12.	OFFICERS AND	ID DIRECTORS	13.	, 		Char	ange Addition
TITLE	PD	DEFELE	1 1 TITLE	l l	Pres. "D"	Λ-	
NAME	CURA, MIRTA		1.2 NAM		Pres. "D" Maribel Gonzalvo		33EUE
STREET ADDRESS	3103 W BURKE			REET ADDRESS	84 Martinique Ave	·, Tampa	, 33606
CITY-ST-ZIP	TAMPA FL			Y-ST-Z)P		Cha	ange Addition
TITLE	V	DELETE	21 TITL	Į.	VP. "D"	•	
NAME	SMITH, CRISTINA		22 NAM	1	Gladys Finales	Dr	
STREE" ADDRESS	11310 ORANGE GROVE CT			REET ADORESS	14123 Riverstone	nr •	
CITY-ST-ZIP	TAMPA FL			TY-SI-ZiP	Tampa, Fl. 33624	Cha	nange
TITLE	SD	DELETE	3 1 TITL		Sec "6"	*	_ _
NAME	HUBER, MALENA V	N DO	3.2 NAM		Luisa M. Cisneros	l.	
STREET ADDRESS	11405 WHISPERING HOLLOV	w ur		REET ADDRESS	4918 Lyford Cay R	d. Tamp	pa,fl.
CITY - ST - ZIP	TAMPA FL			ITY · ST · ZIP		☐ Ch:	nange Addition
TITLE	TD	DELETE	4 1 111		Treas. "D"		- -
1	GERRKE, HILDA ROSA		4 2 NA		Charkon Hilda Ro	osa	
NAME ordert annuess	86 MARTINIQUE AVENUE			TREFT ADDRESS	oc Mantiniana Re	a Law.	pa,Fl.33
STREET ADDRESS	TAMPA FL		4 4 Ci	ITY - ST - ZIP	86 Martinique Ave	e. Tamj	
CITY - ST - ZIP		DELETE	51 TIT			Цν	go LI riguillo
TITLE		_	52 NA		3000018	,panes	3
NAME:	!			TREET ADDRESS	1 3000012	,	 -
STREET ADDRESS	1		I	ity-St-ZiP	-05/20/3603		2000
CITY-ST-ZIP		DELETE	611		***51.25	C	Change 🔲 Addition
TITLE	l	Libert	6 2 N/		L	77.19	
NAME				STREET ADDRESS	, [1 5	
STREET ADDRESS	1						
רודע. פז אים <u> </u>	Į.		640	CITY - ST - ZIP	ualify for the exemption stated in Section 1 accurate and that my signature shall have	119.07(3)(k), Florida	Statutes. I further

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.

April 16, 1996