

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000001687

1. Entity Name

HOGAR DE NINOS OASIS DE AMOR, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 30 PM 12:39

Principal Place of Business

1641 NW 29 CT.  
MIAMI FL 33125

Mailing Address

1641 NW 29 CT.  
MIAMI FL 33125

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1601 NW 27<sup>th</sup> AVE.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33125

Country

USA

4. FEI Number

65-1082974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARADIAGA, HECTOR  
1641 NW 29 CT.  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME APARICIO, BORIS ESTEBAN  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI FL 33125

TITLE PD ☐ Delete

NAME DE APARICIO, MARIA ELENA  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI FL 33125

TITLE PD ☐ Delete

NAME MARADIAGA, HECTOR  
STREET ADDRESS 1641 NW 29 CT.  
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept 27, 2004 (305) 633-6559