

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18033**

1. Corporation Name
Hogar Presbiteriano "Salvados para servir", Inc.

Principal Place of Business 2480 NW 7 St. Miami, FL 33125	Mailing Address 2480 NW 7 St. Miami, FL 33125
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AMENDMENT

3. Date Incorporated or Qualified
12/02/1986

4. FEI Number
59-2839 701

Applied For
 Yes Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**Rodolfo Suarez
 3810 Alhambra Circle
 Coral Gables, FL 33134**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Aleida Martinez	
STREET ADDRESS	1357 W 83 St.	
CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Maria Sosa	
STREET ADDRESS	9650 Fontainebleau Blvd.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	Armando Urgelles	
STREET ADDRESS	5011 NW 4 Terrace	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Rodolfo Suarez	
STREET ADDRESS	3810 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Angel Tejera	
STREET ADDRESS	6805 SW 139 Place	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Eneida Padilla	
STREET ADDRESS	421 Wren Ave.	
CITY-ST-ZIP	Niami Springs, FL 33166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DT Isabel Cruz
3.3 STREET ADDRESS	2852 SW 1 Street
3.4 CITY-ST-ZIP	Miami, FL 33135
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	800002613398
6.3 STREET ADDRESS	-08/12/98--01006--001
6.4 CITY-ST-ZIP	***61.25

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 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: Aleida Martinez **Aleida Martinez- 305-821-8619** **7/31/98**

CR2E037 (10/97)