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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N18033**

1. Corporation Name

**HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.**

Principal Place of Business

2480 N.W. 7TH STREET  
 MIAMI FL 33125

Mailing Address

2480 N.W. 7TH STREET  
 MIAMI FL 33125



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/02/1986

22 City & State

27 City & State

4. FEI Number  
 59-2839701

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, RODOLFO  
 3810 ALHAMBRA CIRCLE  
 CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTINEZ, ALEIDA                   | 1.2 NAME  |   |
| STREET ADDRESS             | 1357 W. 83RD STREET                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HIALEAH FL 33014                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOSA, MARIA G                      | 2.2 NAME  |   |
| STREET ADDRESS             | 9650 FOUNTAINBLEAU BLVD            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33126                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DT <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CRUZ, ISABEL                       | 3.2 NAME  |   |
| STREET ADDRESS             | 2852 SW 1 STREET                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33135                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SUAREZ, RODOLFO                    | 4.2 NAME  |   |
| STREET ADDRESS             | 3810 ALHAMBRA CIRCLE               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CORAL GABLES FL 33134              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TEJERA, ANGEL                      | 5.2 NAME  |   |
| STREET ADDRESS             | 6805 SW 139 PLACE                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33183                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PADILLA, ENEIDA                    | 6.2 NAME  |   |
| STREET ADDRESS             | 421 WREN AVE                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI SPRINGS FL 33166             | 6.4 CITY-ST-ZIP                                       |   |

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, with all other like empowered.

SIGNATURE: *Aleida Martinez* SIGNATURE REQUIRED ALEIDA MARTINEZ 3/28/99 (305) 642-4755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)