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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30363** (8)

1. Corporation Name

**HIALEAH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**444 E. 25 STREET  
SUITE 201  
HIALEAH FL 33013  
US**

**444 E. 25 STREET  
SUITE 201  
HIALEAH FL 33013  
US**



3. Date Incorporated or Qualified

**01/26/1989**

4. FEI Number

**65-0113322**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 777 East 25th Street**

**26 777 East 25th Street, Ste. 120**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Ste. #120, Hialeah, FL**

**27 Hialeah, FL**

City & State

City & State

**23 33013**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29 33013**

**30**

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

10. Name and Address of New Registered Agent

**CRUZ, LILA  
6020 WEST 14 CT  
HIALEAH FL 33012**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVC** ☐ DELETE  
NAME **SUAREZ-MENENDEZ, JORGE**  
STREET ADDRESS **1300 CORAL WAY #201**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE  
NAME **CRUZ, LILA**  
STREET ADDRESS **6020 W 14 CT**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **DC** ☒ DELETE  
NAME **ECHEVARRIA, HERMAN**  
STREET ADDRESS **1840 W 49TH ST., #410**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **DS** ☐ DELETE  
NAME **STERNBAUM, SY**  
STREET ADDRESS **2191 NW 97TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

**Lila Cruz**

**January 5, 1998**

SIGNATURE: *Lila Cruz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)