## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

TOOLINAEVIT #

	on Name # 10392; H PALM SPANISH BAPTIS	<b>(</b> )			
	ce of Business	Mailing Address			
· ·		Maning Address			14 mill mint milit halder annet mint take
444 W. 43 PLACE HIALEAH FL 33012		444 W. 43 PLACE HIALEAH FL 33012		3. Date Incorporated or Qualified	
Throughtern is we	NIE.	TIMLEMIT IL GOVIE		07/18/1990	
				4. FEI Number	Applied For
2. Principal Place of Business 2a. N		2a. Mailing Address		65-0211359	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a hor	
Zip	Country		Country		Yes No
24	25	29	30	6. This corporation owes or has paid Personal Property Tax due June 3	
	9. Name and Address of Curr		30	10. Name and Address of New Reg	
			81 Name		
JORDAN, PEDRO			82 Street Add	dress (P.O. Box Number is Not Acceptable	i i
159 W 2	159 W 29 ST #1			STORE (F.O. DON HUITIDO TO THAT TO CONTINUE	D)
HIALEAP	1 FL 33010		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	i502 and 617 1508. Florida Statuti	es the above-named cou	rocration eulomite this statement for the nu	FL 65 2th Code
office or r	registered agent, or both, in the Sta am familial with, and accept the old	ale of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered
	1/257	agadions of, section 617.0503, Fig	ma Statutes.	<i>∆</i>   ⊭	100
SIGNATURE	Signature, typed of printed name of registered a		E: Registered Agent signature requ		ONTE O
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D ,	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OTOTET ADDRESS	ACOSTA, RAUL 220 W 68TH ST 103		1.2 NAME		
STREET ADDRESS	HIALEAH FL		1.3 STREET ADDRESS	*	
CITY-ST-ZIP TITLE	D	DELETE	1.4 City-St-ZiP 2.1 Title		Change Addition
NAME	GRANADA, SILVIO	hand because	2.2 NAME		C Change C Roution
STREET ADDRESS	4800 NW 173RD DR		2.3 STREET ADORESS		
CITY-ST-ZIP	CAROL CITY FL		2. 4 CITY-ST-ZIP		
TITLE	Ď	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROMERO, NICOLAS		3.2 NAME		
STREET ADDRESS	3885 W 8TH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	T prietr	3.4. CITY-ST-ZIP		
TITLE	D DEDET ALBERTA	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	PEREZ, ALBERTO 19805 NW 67TH CT		4.2 NAME		
CITY-ST-ZIP	HIALEAH FL		4.3 STREET ADDRESS		
TITLE	DP	☐ DELETE	4.4 CHTY-ST-ZIP 5.1 TITLE		Change Addition
NAME	LOPEZ, ANGEL	•	5.2 NAME		the second contract
STREET ADDRESS	13730 S.W. 32 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u>M</u> IAMI FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DURAN, TITO		6.2 NAME		
STREET ADDRESS	30 E 39 ST		6.3 STREET ADDRESS		

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 in the 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 trusture or powered 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 15 codress.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

HIALEAH FL 33013

**FILED** 

Apr 13 1998 8:00am

Secretary of State