

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41969 (9)

1. Corporation Name

HIALEAH CONCERNED FAMILIES CORP.



Principal Place of Business

Mailing Address

**358 W. 58TH TERR
HIALEAH FL 33012**

**358 W. 58TH TERR
HIALEAH FL 33012**

3. Date Incorporated or Qualified

02/04/1991

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-2178113

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIAMONTE, MANUEL B.
358 W. 58TH TERR
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIAMONTE, MANUEL B	
STREET ADDRESS	358 W 58TH TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIAZ, ALBERTO	
STREET ADDRESS	7840 W. 4TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORENO, MARIA V.	
STREET ADDRESS	4525 W 20TH AVE C-130	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YEDRA, JOSE	
STREET ADDRESS	8165 W 9TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, DANIEL	
STREET ADDRESS	5855 W. 3RD LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARDELLE, IDELFONSO J	
STREET ADDRESS	4525 W 20TH AVE #C-130	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 31st / 96 305
532-2414
887-4027

CR2E037 (12/95)