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FILED
May 14 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 # **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

4. FEI Number

58-2178113

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAMONTE, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAMONTE, MANUEL B	
STREET ADDRESS	358 W 58TH TERR	
CITY-ST-ZIP	HIALEAH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIAZ, ALBERTO	
STREET ADDRESS	7840 W. 4TH LANE	
CITY-ST-ZIP	HIALEAH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CARDELLE, MARIA V.	
STREET ADDRESS	4525 W 20TH AVE C-130	
CITY-ST-ZIP	HIALEAH FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA V. CARDELLE
3.3 STREET ADDRESS	5490 W. 8TH AVE.
3.4 CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	S	<input type="checkbox"/> DELETE
NAME	YEDRA, JOSE	
STREET ADDRESS	8185 W 9TH AVE	
CITY-ST-ZIP	HIALEAH FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, DANIEL	
STREET ADDRESS	5855 W. 3RD LANE	
CITY-ST-ZIP	HIALEAH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	CARDELLE, IDELFONSO J	
STREET ADDRESS	4525 W 20TH AVE #C-130	
CITY-ST-ZIP	HIALEAH FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	YV IDELFONSO CARDELLE, JR.
6.3 STREET ADDRESS	5490 W. 8TH AVE.
6.4 CITY-ST-ZIP	HIALEAH, FL 33012

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:

MARIA V. CARDELLE
TREASURER

X 215

4/18/98 305-887-4027

CR2E037 (1097)