

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

N44847

Corporation Name

FLORIDA COALITION ON HISPANIC AGING, INC.

Principal Place of Business

P. O. BOX 012445

MIAMI, FLORIDA 33101

Mailing Address

SAME

Principal Place of Business

P.O. BOX 012445

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 012445

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

August 26, 1991

4. FEI Number

65-0296494

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip Country

33101 25 USA

Zip Country

29 33101 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Alex N. Torres

4506 SW 27 Terrace

Ft. Lauderdale, Fl 33132

81 Name

MARIA A. RAMS, President

82 Street Address (P.O. Box Number is Not Acceptable)

395 N.W. 1 Street, #207

83

84 City

MIAMI

*****51.25 *****51.25

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

Maria A. Rams

MARIA A. RAMS

7/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

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1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President (Director) ☐ Change ☒ Addition

1.2 NAME

Maria A. Rams

1.3 STREET ADDRESS

395 NW 1 Street, #207

1.4 CITY-ST-ZIP

Miami, Florida 33128

2.1 TITLE

Vice President (Director) ☐ Change ☒ Addition

2.2 NAME

Evelyn Jordan

2.3 STREET ADDRESS

7525 NW 2 Avenue

2.4 CITY-ST-ZIP

Miami, Fl 33152

3.1 TITLE

Secretary (Director) ☐ Change ☒ Addition

3.2 NAME

Rosa Cozad

3.3 STREET ADDRESS

25 Ponce de Leon Blvd. 5th Floor

3.4 CITY-ST-ZIP

Miami, Florida 33114

4.1 TITLE

Treasurer (Director) ☐ Change ☒ Addition

4.2 NAME

Maria Cristina Oliva

4.3 STREET ADDRESS

395 NW 1 Street, #207

4.4 CITY-ST-ZIP

Miami, Florida 33128

5.1 TITLE

Change ☐ Addition ☐

5.2 NAME

L8

5.3 STREET ADDRESS

w99000028475

5.4 CITY-ST-ZIP

*****51.25 *****51.25

6.1 TITLE

*****51.25 *****51.25

6.2 NAME

*****51.25 *****51.25

6.3 STREET ADDRESS

*****51.25 *****51.25

6.4 CITY-ST-ZIP

*****51.25 *****51.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA A. RAMS 7/22/99 (305) 347-4647 (C.)

Date

Daytime Phone #