

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 # **N45202**

(1)

1. Corporation Name

GRACIA, FE Y AMOR, INC.

Principal Place of Business

**460 W. 29TH STREET
HIALEAH FL 33012**

Mailing Address

**PO BOX 2643
HIALEAH FL 33012**



3. Date Incorporated or Qualified
09/19/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1460 W. 43RD PL.**

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
204

27 Suite, Apt. #, etc.

23 City & State
HIALEAH, FL.

28 City & State

24 **33012**

Country

25 **DADE**

Zip

29

Country

30

4. FEI Number

65-0284780

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

**HURTADO, JAIME B
1460 43RD PLACE
SUITE 204
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **HURTADO, JAIME B.**
STREET ADDRESS **1460 W 43RD PLACE #204**
CITY-ST-ZIP **HIALEAH FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **HURTADO, JAIME B**
1.3 STREET ADDRESS **1460 W. 43RD PL. #204**
1.4 CITY-ST-ZIP **HIALEAH, FL. 33012**

TITLE **T** ☐ DELETE
NAME **HURTADO, DORA**
STREET ADDRESS **1460 W. 43RD PLACE #204**
CITY-ST-ZIP **HIALEAH FL**

2.1 TITLE **500001846935** ☒ Change ☐ Addition
2.2 NAME **-06/03/96--01015--003**
2.3 STREET ADDRESS *****75.00**
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **NAIL, OLGA**
STREET ADDRESS **7905 W. 30TH COURT #205**
CITY-ST-ZIP **HIALEAH FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **REYES, BRENDA**
3.3 STREET ADDRESS **2623 N.W. 24TH ST. #3**
3.4 CITY-ST-ZIP **MIAMI, FL. 33142**

TITLE **P** ☒ DELETE
NAME **NAIL, JOSE**
STREET ADDRESS **7905 W. 30TH COURT #205**
CITY-ST-ZIP **HIALEAH FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **SANCHEZ, AMELIA**
4.3 STREET ADDRESS **492 E. 56TH ST.**
4.4 CITY-ST-ZIP **HIALEAH, FL. 33013**

TITLE **D** ☒ DELETE
NAME **MOREL, ALICIA**
STREET ADDRESS **6395 W. 22ND COURT #202**
CITY-ST-ZIP **HIALEAH FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **SANABRIA, NORA**
5.3 STREET ADDRESS **2775 W. 52ND ST. #310**
5.4 CITY-ST-ZIP **HIALEAH, FL. 33016**

TITLE **D** ☒ DELETE
NAME **MOREL NELSON**
STREET ADDRESS **6395 W. 22ND COURT #202**
CITY-ST-ZIP **HIALEAH FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **MARTINEZ, ZENaida**
6.3 STREET ADDRESS **960 E. 4TH ST.**
6.4 CITY-ST-ZIP **HIALEAH, FL. 33010**

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:

JAIME B. HURTADO (P)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-96 (305) 556-4479

Date Daytime Phone #

CR2E037 (12/95)