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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45202** (1)

1. Corporation Name

**GRACIA, FE Y AMOR, INC.**



Principal Place of Business <b>1480 W. 43RD PLACE. 204 HIALEAH FL 33012</b>	Mailing Address <b>PO BOX 2643 HIALEAH FL 33012-0643</b>
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3. Date Incorporated or Qualified <b>09/19/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 7636 N.W. 186TH Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0284780</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 MIAMI, FL.</b>	27 City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33015</b>	25 Country <b>U.S.A.</b>	29 Zip <b>30</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURTADO, JAIME B  
1480 43RD PLACE  
SUITE 204  
HIALEAH FL 33012**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURTADO, JAIME B.</b>	1.2 NAME	
STREET ADDRESS	<b>1480 W 43RD PLACE #204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURTADO, DORA</b>	2.2 NAME	
STREET ADDRESS	<b>1480 W. 43RD PLACE #204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYES, BRENDA</b>	3.2 NAME	
STREET ADDRESS	<b>2823 NW 24TH STREET #3</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, AMELIA</b>	4.2 NAME	
STREET ADDRESS	<b>492 E. 56TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANABRIA, NORA</b>	5.2 NAME	
STREET ADDRESS	<b>2775 W. 52ND ST. #310</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, ZENAIDA</b>	6.2 NAME	
STREET ADDRESS	<b>980 E. 4TH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	6.4 CITY-ST-ZIP	

14. I do 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 **JAIME B. HURTADO** 5-1-97 (305) 556-4479

CR2E037 (9/96)