

FILE NOW: FILING FEE IS \$61.25

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AND
FILED

98 JUN -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

**7536 N.W. 186TH STREET
204
MIAMI FL 33015
US**

**PO BOX 2643
HIALEAH FL 33012**

2. Principal Place of Business

21 7636 N.W., 186TH STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
MIAMI, FL, 33015**

27 City & State

**23 Zip
33015**

**25 Country
U.S.A.**

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/19/1991

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**81 Name
HURTADO, JAIME B.**

**82 Street Address (P.O. Box Number is Not Acceptable)
1423 WEST 43RD PLACE**

83

**84 City
HIALEAH, FL.**

FL

**85 Zip Code
33012**

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 **P** ☐ DELETE

NAME **HURTADO, JAIME B.**
STREET ADDRESS **1480 W 43RD PLACE #204**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **T** ☐ DELETE

NAME **HURTADO, DORA**
STREET ADDRESS **1480 W. 43RD PLACE #204**
CITY-ST-ZIP **HIALEAH FL**

TITLE **S** ☐ DELETE

NAME **REYES, BRENDA**
STREET ADDRESS **2823 NW 24TH STREET #3**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ DELETE

NAME **SANCHEZ, AMELIA**
STREET ADDRESS **492 E. 56TH ST.**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D** ☐ DELETE

NAME **SANABRIA, NORA**
STREET ADDRESS **2775 W. 52ND ST. #310**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **D** ☐ DELETE

NAME **MARTINEZ, ZENaida**
STREET ADDRESS **990 E. 4TH ST.**
CITY-ST-ZIP **HIALEAH FL 33010**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*******70.00 *****70.00**

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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

CR2E037 (10/97)