

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45202

1. Corporation Name

GRACIA, FE Y AMOR, INC.

Principal Place of Business

7636 N.W. 186TH STREET
MIAMI FL 33015
US

Mailing Address

PO BOX 2643
HIALEAH FL 33012

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90263 039 ****70.00

5 3 8 9 7 1 - 9 0 2 6 3 - 3 9



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/19/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0284780

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURTADO, JAIME B
1423 WEST 43RD PLACE
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 ☐ DELETE

NAME
HURTADO, JAIME B.
STREET ADDRESS
1460 W 43RD PLACE #204
CITY-ST-ZIP
HIALEAH FL 33012

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
REYES, BRENDA
STREET ADDRESS
2623 NW 24TH STREET #3
CITY-ST-ZIP
MIAMI FL 33142

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SANABRIA, NORA
STREET ADDRESS
2775 W. 52ND ST. #310
CITY-ST-ZIP
HIALEAH FL 33016

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (11/98)