

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48327** (3)
1. Corporation Name
DE HOSTOS SENIOR CENTER INC.



Principal Place of Business 2902 NW 2ND AVE. MIAMI FL 33127	Mailing Address 2902 NW 2ND AVE. MIAMI FL 33127-3905
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3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 03/11/1996
4. FEI Number 65-0343402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent VAZQUEZ, GLADYS 6200 NW 3 AVENUE MIAMI FL 33150	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *Gladys Vazquez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ED Executive Director <input type="checkbox"/> DELETE	1.1 TITLE FERRER, BETZAIDA	1.2 NAME 5 ISLAND AVENUE APT. 4-G	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS MIAMI BEACH FL 33139	1.3 STREET ADDRESS MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S Secretary of the Board <input type="checkbox"/> DELETE	2.1 TITLE VASQUEZ, GLADYS	2.2 NAME 6200 NW THIRD AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI FL	2.3 STREET ADDRESS MIAMI FL	2.4 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD Chairman Director of the Board <input type="checkbox"/> DELETE	3.1 TITLE VELAZQUEZ, HECTOR	3.2 NAME 3630 N.E. 1ST COURT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI FL	3.3 STREET ADDRESS MIAMI FL	3.4 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT Treasurer of the Board <input type="checkbox"/> DELETE	4.1 TITLE BELTRAN, LUIS	4.2 NAME 1660 N.W. 15TH ST. Apt. 2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI FL 33125	4.3 STREET ADDRESS MIAMI FL 33125	4.4 CITY-ST-ZIP MIAMI FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VC Vice-Chairman of the Board <input type="checkbox"/> DELETE	5.1 TITLE BORGES, OSVALDO	5.2 NAME 2902 NW 2ND AVE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI FL	5.3 STREET ADDRESS MIAMI FL	5.4 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Dr. Daniel Roman Board Member <input type="checkbox"/> DELETE	6.1 TITLE 1901 Brickell Ave. Apt. B-412	6.2 NAME Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Miami, FL 33129	6.3 STREET ADDRESS Miami, FL 33129	6.4 CITY-ST-ZIP Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Belinda Ferrer* 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)