FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

1. Corporation	on Name	. (0)				
DE HO	OSTOS SENIOR CENTER INC).				
					<u> </u>	
Principal Place of Business Mailing Address						
2902 NW 2ND AVE. 2902 NW 2ND AVE.				3. Date Incorporated or Qualified		
MIAMI FL 33127 MIAMI FL 33127			÷.	04/07/1992		
				4. FEI Number	Applied For	
<u></u>				65-0343402	Not Applicable	
Principal Place of Business 1		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 27				Trust Fund Contribution		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	B. This corporation owes or has paid th		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent	
			81 Name	atzaida Farrar		
VAZQUEZ, QLADYS				1		
6200 NW 3 AVENUE			83 5	Island Avenue Apt. 4-G		
MIAMI F	L 33150		1	iami Beach.		
			84 497	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617/1508. Florida Statu	ies, the above-named c	orporation submits this statement for the purpo	Se of changing its registered	
office or	registered agent, or both, in the State	of Florida, Such change was	authorized by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	13500	Time B		F 10 / 1	20/98	
	Signal e, typed or printed name of registered ago	and title if applicable (NO	E. Registered Agent ergnature re	equired when reinstating) D/	ATE	
12.	OFFICERS MIL	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change XIX Addition	
TITLE	PERDED BETTAIDA	, "I DEFEIE	1.1 TITLE	BM	The production	
NAME STREET ADDRESS	FERRER, BETZAIDA 5 ISLAND AVENUE APT. 4-G		1.2 NAME	Gamaliel Rivera		
	MIAMI BEACH FL 33139		1.3 STREET ADDRESS	3601 Federal Highway		
TITLE	S	XX DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Miami, FL 33137	Change Addition	
NAME	VASQUEZ, GLADYS		2.2 NAME		_ • —	
STREET ADDRESS	6200 NW THIRD AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
THILE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	VELAZQUEZ, HECTOR		3.2 NAME			
STREET ADDRESS	3630 N.E. 1ST COURT		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	T Aprile	3.4. CITY - ST - ZIP			
TITLE	DELECTION COMP	L DELETE	4.1 TITLE		Change Addition	
NAME	BELTRAN, LUIS		4. 2 NAME			
STREET ADDRESS	1660 N.W. 15TH ST. MIAMI FL 33125		4.3 STREET ADDRESS			
CITY-ST-ZIP	VC	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME	BORGES, OSVALDO	had vaccit	5.2 NAME			
STREET ADDRESS	2902 NW 2ND AVE.		5.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL		5.4 CITY-ST-ZIP			
TITLE	BM	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	ROMAN, DANIEL DR		6.2 NAME			
STREET ADDRESS	1901 BRICKELL AVE. APT. B-4	12	6.3 STREET ADDRESS			
1	MIANUEL 02100		1			

14. Thereby 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.

FILED

May 21 1998 8:00am

Secretary of State