04141999-90153-003-$61.25-$61.25 * 04141999-90153-004-$8.75-$8.75

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Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90153 003 ****61.25
04-14-1999 90153 004 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N48327

1. Corporation Name
De Hostos Senior Center, Inc.
2902 NW 2nd. Avenue
Miami, FL 33127

Principal Place of Business	Mailing Address
2902 NW 2nd. Ave. Miami, FL 33127	2902 NW 2nd. Ave. Miami, FL 33127

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/07/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0343402 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Betzaida Ferrer, ED/CEO 5 Island Ave., Apt. 4-G Miami, FL 33139	81 Name: Esther Couvertier, ED/CEO 82 Street Address (P.O. Box Number Is Not Acceptable): 600 N.E. 36 St. Apt. 1007 83: Miami, Fl. 84 City: FL 85 Zip Code: 33137

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: _____ 2/24/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Ferrer Betzaida, ED/CEO 5 Island Ave. Apt. 4-G Miami, FL 33139 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EO/CEO Esther Couvertier 600 N.E. 36 St. Apt. 1007 Miami, FL 33137 ☐ Change ☒ Addition
TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Velazquez Hector 9500 E. Calusa Dr. Miami, FL 33186 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Ellen Gilligan 1230 N.E. 139 St. Unit 202 Miami, FL 33161 ☐ Change ☒ Addition
TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Luis Beltran 1660 N.W. 15th. St. Rd. Apt. 2 Miami, Fl 33125 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Board Member Daniel Roman 1901 Brickell Ave., #B412 Miami, Fl 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Chairman Osvaldo Borges 3000 NW 3rd. Ave. Apt. 204 Miami, FL 33127 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Gamaliel Rivera 3601 Federal Hwy. Miami, Fl 33137 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: _____ ED/CEO Esther Couvertier ED/CEO 2-24-99 (305) 573-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #