

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northern  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000001179 (1)**

1. Corporation Name

**ALLIANCE OF HISPANICS OF THE SPACE COAST, INC.**

Principal Place of Business

Mailing Address

P O BOX 372335  
SATELLITE BEACH FL 32897-0335

P O BOX 372335  
SATELLITE BEACH FL 32897-0335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3178045** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. BOX 61527**

**P.O. BOX 61527**

City & State

City & State

**PALM BAY, FL**

**PALM BAY, FL**

Zip **32906-1527**

Country

Zip **32906-1527**

Country

24

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29

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5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARRERO, JUAN  
6760 BABCOCK  
MELBOURNE FL 32909**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonexisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**  
NAME **RAMOS, ISAAC A**  
STREET ADDRESS **1650 LEACH CIR**  
CITY-ST-ZIP **TITUSVILLE FL**

1.1 TITLE **PO**  Change  Addition  
1.2 NAME **CONTRERAS, RICHARD P**  
1.3 STREET ADDRESS **3022 ST. HELEN'S WAY**  
1.4 CITY-ST-ZIP **MELBOURNE, FL 32935-3610**

TITLE **SD**  
NAME **CORTES, ZORAIDA**  
STREET ADDRESS **820 PELICAN DR**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

2.1 TITLE **SD**  Change  Addition  
2.2 NAME **ADAMES, IRIS**  
2.3 STREET ADDRESS **3234 SAND DUNES CT.**  
2.4 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **TD**  
NAME **ESPARZA, FERNANDO J**  
STREET ADDRESS **540 4TH AVE**  
CITY-ST-ZIP **SATELLITE BEACH FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **32937**

TITLE **VD**  
NAME **MARRERO, JUAN**  
STREET ADDRESS **6760 BABCOCK ST SE**  
CITY-ST-ZIP **PALM BAY FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **32909**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **D GUEVARRA, ENRIQUE**  
5.3 STREET ADDRESS **505 JUNE AVE NE**  
5.4 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE *Richard P. Contreras* **RICHARD P. CONTRERAS** 4-9-95 (407) 768-4136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #