

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001179 (1)

1. Corporation Name
ALLIANCE OF HISPANICS OF THE SPACE COAST, INC.



Principal Place of Business: P O BOX 61527, PALM BAY FL 32906-1527, US
 Mailing Address: P. O. BOX 61527, PALM BAY FL 32906-1527, US

3. Date Incorporated or Qualified: **03/05/1993**
 3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) **P.O. Box 61527**
 City & State (23) **Palm Bay Fl.**
 Zip (24) **32906-1527** Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) **P.O. Box 61527**
 City & State (28) **Palm Bay Fl.**
 Zip (29) **32906** Country (30) **1527**

4. FEI Number: **59-3178045**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MARRERO, JUAN
6760 BABCOCK
MELBOURNE FL 32909

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	CONTRERAS, RICHARD P	
STREET ADDRESS	3022 ST. HELEN'S WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	ADAMES, IRIS	
STREET ADDRESS	3234 SAND DUNES CT	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	ESPARZA, FERNANDO J	
STREET ADDRESS	540 4TH AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MARRERO, JUAN	
STREET ADDRESS	6790 BABCOCK ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GUEVARA, ENRIQUE	
STREET ADDRESS	505 JUNE AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Guevara Enrique		
1.3 STREET ADDRESS	505 June Ave N.E.		
1.4 CITY-ST-ZIP	Palm Bay Fl. 32907		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Norma Aylmer		
2.3 STREET ADDRESS	907 Prosperity Pl.		
2.4 CITY-ST-ZIP	Rockledge Fl. 32955		
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Justina Vegas		
3.3 STREET ADDRESS	270 Vin Rose Circle S.E.		
3.4 CITY-ST-ZIP	Palm Bay Fl. 32909		
4.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Carmen Marrero		
4.3 STREET ADDRESS	6790 Babcock St. S.E.		
4.4 CITY-ST-ZIP	Palm Bay Fl. 32909		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Juan Marrero		
5.3 STREET ADDRESS	6790 Babcock St. S.E.		
5.4 CITY-ST-ZIP	Palm Bay Fl. 32909		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 on an attachment with an address.

SIGNATURE: _____ Date: **6/26/96** 407 2242430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)