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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
P.O. BOX 61527 P.O. BOX 61527
PALM BAY FL 32906-1527 PALM BAY FL 32906-1527
US US

3. Date Incorporated or Qualified
03/05/1993

4. FEI Number
59-3178045

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**BEST, MONICA
3039 PEMBROKE RD
TITUSVILLE FL 32796**

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 **FERNANDO ESPARZA, JR.** *Fernando Esparza Jr.* DATE **4/13/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEST, MONICA | 1.2 NAME | ESPARZA, FERNANDO JR. |
| STREET ADDRESS | 3039 PEMBROKE RD | 1.3 STREET ADDRESS | 540 4TH AVE |
| CITY-ST-ZIP | TITUSVILLE FL | 1.4 CITY-ST-ZIP | SATELLITE BCH., FL 32937 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORALES, CARMEN | 2.2 NAME | MARRERO, JUAN |
| STREET ADDRESS | 1183 HOMER ST NW | 2.3 STREET ADDRESS | 6790 BABCOCK ST. S.E. |
| CITY-ST-ZIP | PALM BAY FL | 2.4 CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AYLMER, NORMA | 3.2 NAME | BURGDON, WANDA |
| STREET ADDRESS | 3120 WINCHESTER DR | 3.3 STREET ADDRESS | 2151 ABALONE AVE. |
| CITY-ST-ZIP | COCOA FL | 3.4 CITY-ST-ZIP | INDIALANTIC, FL 32903 |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O LEAR, LUISA | 4.2 NAME | PUGLIESE, KARON |
| STREET ADDRESS | 716 ORANGE CT | 4.3 STREET ADDRESS | 739 RALEIGH RD, S.E. |
| CITY-ST-ZIP | ROCKLEDGE FL | 4.4 CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESPARZA, FERNANDO | 5.2 NAME | PEREZ, JORGE |
| STREET ADDRESS | 540 4TH AVE | 5.3 STREET ADDRESS | 1183 HOMER ST. NW |
| CITY-ST-ZIP | SATELLITE BEACH FL | 5.4 CITY-ST-ZIP | PALM BAY, FL 32907 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Fernando Esparza Jr.* **FERNANDO ESPARZA, JR.** Date: **4-29-98** (407) 713-8231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: # 0018632

CR2E037 (10/97)