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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000001179

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/05/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3178045

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 ESPARZA, FERNANDO JR
82 Street Address (P.O. Box Number is Not Acceptable) 540 4TH AV
83
84 City SATELLITE BEACH FL 85 Zip Code 32937

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* 1-19-99
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	PD	<input type="checkbox"/> DELETE
NAME	ESPARZA, FERNANTO JR	
STREET ADDRESS	410TH AVE	
CITY-ST-ZIP	SATELLITE BEACH 32937	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARRERO, JUAN	
STREET ADDRESS	6790 BAB COCK ST S E	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURGOON, WANDA	
STREET ADDRESS	2151 ABALONE AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PUBLIESE, KAREN	
STREET ADDRESS	939 RALEIGH RD S E	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, JORGE	
STREET ADDRESS	1183 HOMER ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD ESPARZA, FERNANDO JR
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Soliz, Dorothy
3.3 STREET ADDRESS	3730 HARDWOOD Ct.
3.4 CITY-ST-ZIP	Melbourne, FL 32935
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD PUGLIESE, KAREN
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Fernando Esparza* SIGNATURE REQUIRED FERNANDO ESPARZA JR., PRESIDENT 1-19-99
Signature and typed or printed name of signing officer or director Date Daytime Phone # 1-407-773-8231

CR2E037 (1/198)