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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000004044 (4) **DOCUMENT #**

RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMEN T CORP.

Mailing Address Principal Place of Business 2902 NW 2ND AVE 2902 NW 2ND AVE MIAMI FL 33127 MIAMI FL 33127 3a. Date of Last Report 3. Date Incorporated or Qualified 09/07/1993 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0433647 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Country Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CORPORATION INFORMATION SERVICES INC. 82 1201 HAYS ST. 83 TALLAHASSEE FL 32301 City 85 Zip Code 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE ☐ Addition TITLE 1.2 NAME RAMOS, RAMON NAME 1.3 STREET ADDRESS 59 N.E. 46 St. 6212 N.E. 2ND AVE. STREET ADDRESS **MIAMI FL 33138** 1.4 CITY-ST-ZIP Miami, FL 33137 DITY-ST-ZIP Addition X DELETE 21 TITLE TITLE 2.2 NAME NAME SMITH, NORA S Sandra Canales 2.3 STREET ADDRESS 580 N.W. 109 Ave. Miami, FL 33172 STREET ADDRESS 19641 N.W. 57TH COURT 2. 4 CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP Addition ☐ Change DELETE 3.1 T(T) F TITLE 3.2 NAME FERRERA, ANDRES William A. Ramos NAME 3.3 STREET ADDRESS 54 N.W. 40 St. 3301 N.W. 15TH ST. STREET ADDRESS MIAMI FL 33125 3.4. CITY-ST-ZIP Miami, FL 33127 CITY-ST-ZIP Change ▼ Addition DELETE 41 TITLE TITLE Lucille Pereira 4. 2 NAME QUINTANA, DOROTHY NAME 263 N.W. 34TH ST. 4.3 STREET ADDRESS 3001 N.W. 2nd Ave. STREET ADDRESS 4.4 CITY -ST-ZIP MIAMI FL 33127 Miami, FL 33127 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME Luis De Rosa DE ITURRONDO, ADALJISA M NAME 9340 S.W. 167TH ST. 5.3 STREET ADDRESS 1801 Coral Way, Suite 407 STREET ADDRESS **MIAMI FL 33157** 5.4 CITY-ST-ZIP Miami, FL 33145 CHTY-ST-ZIP Addition Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME Aida Ramos

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE: ______ SIGNATURE AND TYPED OR OR DIRECTOR

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 of supplier entry 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 requirer or further 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 of an attanting the with an address.

59 N.E. 46 St.

KRD

CR2E037

R 292

ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

D Victor M. Ramos 271 N.E. 110 St. Miami, FL 33161 Change

X Addition