FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N9400002696 (2) DOCUMENT #

HISPANIC INTERNAL REVENUE EMPLOYEES (HIRE), JACK SONVILLE DISTRICT, INC.

Principal Place of Business

Mailing Address



3053 VERNARD STREET DELTONA FL 32738		3053 VERNARD STREET DELTONA FL 32738			
				3. Date incorporated or Qualified 05/26/1994	3a. Date of Last Report 11/18/1995
2. Principal Plac		2a. Mailing Address	1100	4. FEI Number	Applied For
21 <i>956</i>	LEBRUN DR.	26 P. O. BOX	4185	59-3228019	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	See Required
City & State	SON VILLE, FL	City & State 28 . TACKSON V	ILLE, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip			Country	8. This corporation has liability for in	
24 322	205 25	29 32201 30	0		Yes 🔀 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	FRIKA ANGUL	O-VAZQUEZ
RODRIGUEZ, ROSSANE 82 Street Adv				iddress (P.O. Box Number is Not Acceptable	•
3053 VERNARD STREET				37 PHEASANI RU	N DRIVE
	A FL 32738		83		
			84 City A	- 1	85 Zip Code ///
				CKSONVILLE	FL 32244
11. Pursuant to	the provisions of Sections 617.0502	and €17.1508, Florida Statutes, t	the above-named con	rporation submits this statement for the purp coard of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
familiar with	ed agent, or both, in the state of Florio h, and accept the obligations of, Section	a. Such change was authorized c on 6 7 7.0503, Flørida Statutes.			
SIGNATURE	En Rabiner	No-Varauez	2) ERIK	A ANGULO-VAZOUEZ	4-29-96
SIGNATIONE	7.1		Registered Agent alghallure re	quired when reinstating)	DATE
12.	OFFICERS		13.	ADDITIONS/CHANGES TO OFFK	
TITLE	PD	DELETÉ	1.1 TITLE	PD ERIKA ANGULO-	★Change ☐ Addition
NAME	ROSSANE RODRIGUEZ		1.2 NAME	7587 PHEASANT RU	IN DRIVE
STREET ADDRESS	3053 VERNARD STREET		1.3 STREET ADDRESS	758 I PHEHSANT RO	22211
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY- ST- ZIP	JACKSONVILLE, F	L 32244
TITLE	VD	DELETE	21 TITLE	VD.	Change Addition
NAME	erika angulo		2.2 NAME	VERNON. ARMETRO	NA.
STREET ADDRESS	1863 WELLS RD ATP.166		2.3 STREET ADDRESS	956 LEBRUN DR	22705
CITY-ST-ZIP	ORANGE PARK FL 32073		2. 4 CITY-ST-ZIP	JACKSONVILLE, FL	- 3220
TITLE	SD	DELETE	3.1 TITLE	IVETTE ALAMO-TIER	Change Addition
NAME	ZAIDA CALDERON		3.2 NAME	8787 ST JOHNS BU	FF APT 109
STREET ADDRESS	2325 E OAKDALE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		3 4. CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE		DELETE	4.1 TITLE	SECRETARY	☐ Change ► Addition
NAME			4. 2 NAME	ALEXANDRA ACOST	HOKIN
STREET ADDRESS			4,3 STREET ADDRESS	12046 W CANDLEW	32225
CITY-ST-ZIP			4.4 CITY - ST - ZIP	12096 W CANDLEW JACKSON VILLE FO	, 00000
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		Change Maddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
certify that		ial report or supplemental annual ration or the receiver or trustee e	report is true and ac impowered to execut	lify for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 617, Fig. DEN 7	

SIGNATURE: