

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002696 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

956 LEBRUN DR.
JACKSONVILLE FL 32205
US

P.O. BOX 4185
JACKSONVILLE FL 32201-4185
US

3. Date Incorporated or Qualified
05/26/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERIKA ANGULO-VAZQUEZ
7537 PHEASANT RUN DRIVE
JACKSONVILLE FL 32244

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

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
NAME ANGULO-VAZQUEZ, ERIKA
STREET ADDRESS 7537 PHEASANT RUN DRIVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME S GLADY MARRERO
1.3 STREET ADDRESS 8880 Old Kings Rd S Apt 106 W
1.4 CITY-ST-ZIP Jacksonville, FL 32257

TITLE VD
NAME ARMSTRONG, VERNON
STREET ADDRESS 956 LEBRUN DRIVE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME T Alamo-Tirado, Ivette
2.3 STREET ADDRESS 9684 Pritmore Road East
2.4 CITY-ST-ZIP Jacksonville, FL 32257

TITLE T
NAME ALAMO-TIRADO, IVETTE
STREET ADDRESS 3737 ST. JOHNSA BLUFF APT#109
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME ACOSTA, ALEXANDRA
STREET ADDRESS 12048 W. CANDLEWYCK LN.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Erika Angulo-Vazquez

4/16/97

CR2E037 (9/96)