FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 17 PM 12:32

DOCUMENT # N95000001738 (2)

1. Corporation Name

HACER OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4961 SW 74 CT MIAMI FL 33155	4961 SW 74 CT MIAMI FL 33155

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/13/1995
3a. Date of Last Report:
4. FEI Number: ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ALEX C
4961 SW 74 CT
MIAMI FL 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MELIANS, DIEGO		12 NAME		
STREET ADDRESS	4759 PALM AVE SUITE 108		13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33186		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE	PRESIDENT, CHAIRMAN/DIRECTOR	☒ Change ☐ Addition
NAME	VELIZ, ANGEL		22 NAME	ANGEL VELIZ	
STREET ADDRESS	8280 LAMPARA		23 STREET ADDRESS	8280 LAMPARA	
CITY-ST-ZIP	CORAL GABLES FL 33143		24 CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VD	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LARRAMENDI, MANUEL		32 NAME		
STREET ADDRESS	26601 US HWY 1		33 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL 33032		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE	SD	☐ Change ☒ Addition
NAME	MONTES, JOSE		42 NAME	JOSE MONTES	
STREET ADDRESS	3400 CORAL WAY SUITE 102		43 STREET ADDRESS	3400 CORAL WAY SUITE 102	
CITY-ST-ZIP	MIAMI FL 33145		44 CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE	51 TITLE	~~ALEX R~~ TREASURER, ~~SEC~~ CO-CHAIRMAN/DIRECTOR	☒ Change ☐ Addition
NAME	RODRIGUEZ, ALEX C		52 NAME	ALEX RODRIGUEZ	
STREET ADDRESS	4961 SW 74 CT		53 STREET ADDRESS	4961 SW 74 CT	
CITY-ST-ZIP	MIAMI FL 33155		54 CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	$BANK dcs	

CR2E037 (12/95)

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 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: A Rodriguez 4/18/96 305-661-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #