


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 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 # N96000001204 (4)
1. Corporation Name
THE HIALEAH GARDENS FOUNDATION, INC.



Principal Place of Business 10001 N.W. 87TH AVENUE HIALEAH GARDENS FL 33016	Mailing Address 10001 N.W. 87TH AVENUE HIALEAH GARDENS FL 33016-1901
---	--

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	25 Country	29 Country
--	---	-------------------	-------------------

3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last Report
4. FEI Number 65-0653059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLAZEK, CHARLES E
CITY OF HIALEAH GARDENS
10001 N.W. 87TH AVENUE
HIALEAH GARDENS FL 33016

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE P/D			
1.2 NAME	Gilda Cabrera de Corzo		
1.3 STREET ADDRESS	10001 N.W. 87th Avenue		
1.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
2.1 TITLE V/D			
2.2 NAME	Juan Carlos Alvarez		
2.3 STREET ADDRESS	10001 N.W. 87th Avenue		
2.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
3.1 TITLE S/T/D			
3.2 NAME	Fatima Rodriguez-Morejon		
3.3 STREET ADDRESS	10001 N.W. 87th Avenue		
3.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
4.1 TITLE D			
4.2 NAME	Luciano Garcia		
4.3 STREET ADDRESS	10001 N.W. 87th Avenue		
4.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
5.1 TITLE D			
5.2 NAME	Lucy Valdes		
5.3 STREET ADDRESS	10001 N.W. 87th Avenue		
5.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
6.1 TITLE D			
6.2 NAME	Miguel Maddad		
6.3 STREET ADDRESS	10001 NW. 87th Avenue		
6.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		

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: _____ **Charles E. Blazek** 4/14/97 (305)558-4114

CR2E037 (9/96)