

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

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0023017

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1. Corporation Name

POSITIVE HISPANIC WOMEN, INC.

Principal Place of Business

7975 N.W. 154TH STREET
SUITE 360
MIAMI FL 33016

Mailing Address

7975 N.W. 154TH STREET
SUITE 360
MIAMI FL 33016



2. Principal Place of Business

21 7975 N.W. 154 ST.

Suite, Apt. #, etc.

22 360

City & State

23 Miami, Fla

Zip

24 33014

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

25

Country

30

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TORRES, RICARDO JR.
7975 N.W. 154TH STREET
SUITE 360
MIAMI 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TORRES, RICARDO J
STREET ADDRESS 7975 N.W. 154 ST, STE. 360
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME RODRIQUEZ, MARIA
STREET ADDRESS 15610 BULL RUN RD., APT. 809
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ACEVEDO, OLGA
STREET ADDRESS 5700 COLLINS AVE., UNIT 1513
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME RUIZ, GLORIA
STREET ADDRESS 10033 N.W. 128 TERRACE
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE D ☐ DELETE

NAME ERNANDEZ, SERGE
STREET ADDRESS 1680 MERIDIAN AVE., STE. 402
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO TORRES, JR 305-828-6800
5/4/99
Daytime Phone #

CR2E037 (1/98)