

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 07 1998 8:00am  
Secretary of State

DOCUMENT # N97000000178 (0)

1. Corporation Name

HISPANIOLA COMMUNITY SERVICES, INC.



Principal Place of Business

Mailing Address

590 N.W. 127TH STREET  
NORTH MIAMI FL 33168

590 N.W. 127TH STREET  
NORTH MIAMI FL 33168

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

65-0720681

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 656 NE 125th Street

26

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23 City & State

28 City & State

Miami, Florida

28

City & State

24 Zip

Country

25

Zip

Country

33161

USA

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISSADE, FLORENCE  
590 N.W. 127TH STREET  
NORTH MIAMI FL 33168

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	<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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Sylvana Vazquez
1.3 STREET ADDRESS	10913SW 135th Circle
1.4 CITY-ST-ZIP	Mia, FL 33186
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Maria Pilar Martin
2.3 STREET ADDRESS	105 South Shore Dr #4
2.4 CITY-ST-ZIP	Miami Beach, FL 33141
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Pauline Cunningham
3.3 STREET ADDRESS	18801 NE 2nd Ave #1003
3.4 CITY-ST-ZIP	Mia, FL 33162
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Felicia Timmons
4.3 STREET ADDRESS	1542 NW 85th Street #3
4.4 CITY-ST-ZIP	Mia, FL 33142
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Sharon Reed-Turner
5.3 STREET ADDRESS	1045 NW 47th Street
5.4 CITY-ST-ZIP	Mia, FL 33127
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

Florence Lissade, Executive Director 9/1/98

305-681-7780

CR2E037 (5/98)