

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

N97000000178 DOCUMENT

1. Corporation Name

HISPANIOLA COMMUNITY SERVICES, INC.

Principal Place of Business

2. Principal Place of Business 21 1350 NE 125

Mailing Address

2a. Mailing Address 1350 NE

200

City & State

North

26

27

656 NE 125TH STREET

Suite, Apt. #, etc. 200

City & State

22

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

MIAMI FL 33161

US

FILED

Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90012 024 ****61.25

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

01/08/1997

65-0720681

FEI Number

USSADE, FLORENCE \$90 N.W. 127TH \$31REET NORTH MIAMI FL 33168 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered gent, or both, in the State of Florida. Stuck change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ying agent, and accept the obligations of, Section \$17,0502, Profit of Stuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TITLE 18. DELETE 19. DELETE 19. DELETE 19. DELETE 19. DELETE 19. DELETE 21. TITLE 22. TITLE 23. TITLE 24. TITLE 25.	24 3316	0 25 USA 29 3	33161 3	o V	SH	Trust Fund Contribution	Added to	o Fees
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S90 N.W. 127TH STREET NORTH MIAMI FL 33168 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its 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 or both, in the State of Florida. Statutes. SIGNATURE Signature, hyper or prefer accept the obligations of, Section 617,0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THE TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/		_		81	Name			{
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CITV. CT. 71D	CITY-ST-ZIP			6.4 CITY-S	r-ZIP			}

Country

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, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable