

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Aug 13, 1999 8:00 am  
Secretary of State

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

DOCUMENT # N97000000178

1. Corporation Name

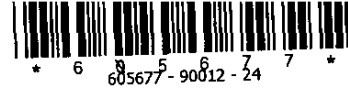
HISPANIOLA COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

656 NE 125TH STREET  
1  
MIAMI FL 33161  
US

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



2. Principal Place of Business

2a. Mailing Address

21 1350 NE 125th Street

26 1350 NE 125th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

City & State

City & State

23 North Miami, FL

28 North Miami, FL

Zip

Country

Zip

Country

24 33161

25 USA

29 33161

30 USA

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

9. Name and Address of Current Registered Agent

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

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	VAZQUEZ, SYLVANA	
STREET ADDRESS	10913 SW 135 CT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	DELETE
NAME	MARTIN, MARIA PILAR	
STREET ADDRESS	105 SOUTH SHORE DR #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	DELETE
NAME	CUMMINGHAM, PAULINE	
STREET ADDRESS	18801 2 AVE #103	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	T	DELETE
NAME	TIMMONS, FELICIA	
STREET ADDRESS	1542 NW 35TH STREET #3	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	DELETE
NAME	REED-TURNER, SHARON	
STREET ADDRESS	1045 NW 47 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marie E. Louis	
1.3 STREET ADDRESS	42 NE 4th Street	
1.4 CITY-ST-ZIP	Mia, FL 33137	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Damian Lawton	
2.3 STREET ADDRESS	13100 NE 7 Ave #211	
2.4 CITY-ST-ZIP	North Mia, FL 33161	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Karen Bakali	
3.3 STREET ADDRESS	202 NW 14th Street	
3.4 CITY-ST-ZIP	Mia, FL 33168	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Phillis Saint-Hilaire	
4.3 STREET ADDRESS	14700 S. Biscayne River Drive	
4.4 CITY-ST-ZIP	North Miami, FL 33168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)