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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000003887**

1. Corporation Name
SOUTH FLORIDA HOSPITALITY HUMAN RESOURCES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4148 WEST 12TH AVENUE HIALEAH FL 33012	4148 WEST 12TH AVENUE HIALEAH FL 33012

2. Principal Place of Business — i
Suite, Apt. #, etc. — 2
City & State — 3
Zip — 4 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

3. Date Incorporated or Qualifed: 07/07/1997

4. FEI Number: 65-0777315 ☐ Applied For ☐ Not Applicable

5. Certifcate 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**

LAMONT & NEIMAN, PA
SUITE 3550 - ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

i2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTISTEBAN, VIVIANA 350 OCEAN DRIVE KEY BISCAYNE FL 33149	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P.D Asensio, Lissette 180 Aragon Ave Coral gables, Fl 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASENSIO, LISSETTE 180 ARAGON AVENUE CORAL GABLES FL 33134	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Maritza Castellano 3000 Florida Ave Miami, Fl 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HYMAN, FREYDA 4148 WEST 12TH AVENUE HIALEAH FL 33012	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / TREET ADDRESS / TY-ST-ZIP	TD MARGULIES, LYNN 1 S.E. 3RD AVENUE #2300 MIAMI FL 33131	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Santisteban, Viviana 350 Ocean Drive Key Biscayne, Fl 33149	☐ Change ☒ Addition
TLE / ME / REET ADDRESS / TY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

*. 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: Freyda Hyman SIGNATURE REQUIRED FREYDA HYMAN 1/4/99 305-364-3194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #