

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **P98000006595**

1. Corporation Name

**HISPANIC COMMUNITY SERVICES, INC.**

Principal Place of Business

**8832 WEST SAMPLE ROAD SUITE 10  
CORAL SPRINGS FL 33065**

Mailing Address

**8832 WEST SAMPLE ROAD SUITE 10  
CORAL SPRINGS FL 33065**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SABATIER, OLGA  
8832 WEST SAMPLE ROAD SUITE 10  
CORAL SPRINGS FL 33065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature by, and on behalf of, the officer or director of the corporation.

Signature by, and on behalf of, the receiver or trustee of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME **SABATIER, OLGA**

STREET ADDRESS **8832 WEST SAMPLE ROAD SUITE 10  
CORAL SPRINGS FL 33065**

CITY-ST-ZIP [ ] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**P510**

[ ] Change [ ] Addition

[ ] Change [ ] Addition

**500002907215--8  
-06/17/99 -01020--023  
\*\*\*\*150.00 \*\*\*\*150.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, 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:

*Olga C Sabatier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 26-99**

FILED  
Apr 27 1999 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/22/1998**

4. FEI Number

**59-0670415**

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

8. This corporation owes the current year's tangible  
Personal Property Tax [ ] Yes [ ] No

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

CR2E034 (11/98)