

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90107 028 \*\*\*\*70.00

0027308

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



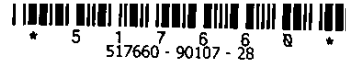
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N20167**

1. Corporation Name  
**WOMEN OF SPANISH ORIGIN, INC.**

Principal Place of Business  
 P O BOX 8208  
 CORAL SPRINGS FL 33075

Mailing Address  
 P O BOX 8208  
 CORAL SPRINGS FL 33075



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/16/1987</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0066878</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AYALA, NORA</b> 4300 NW 101 DR CORAL SPRINGS FL 33065				81	Name <b>RAMIREZ, ROCIO</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>2879 N ROCK ISLAND ROAD APT. # 101</b>		
				83	City <b>CORAL SPRINGS, FL 33063</b>		
				84	City <b>CORAL SPRINGS</b>	85	Zip Code <b>FL 33063</b>

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 **ROCIO RAMIREZ** *Rocio Ramirez* DATE **4-10-99**  
Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYALA, NORA</b>	1.2 NAME	<b>RAMIREZ, ROCIO</b>
STREET ADDRESS	<b>4330 NW 101 DR</b>	1.3 STREET ADDRESS	<b>2879 N ROCK ISLAND ROAD APT. # 101</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33063</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHONG, PATRICIA</b>	2.2 NAME	<b>GARTNER, BLANCA</b>
STREET ADDRESS	<b>9133 NW 53RD ST</b>	2.3 STREET ADDRESS	<b>5073 N. W. 103 AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33067</b>	2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBLES, M C</b>	3.2 NAME	
STREET ADDRESS	<b>4331 N.W. 101ST DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, POCIO</b>	4.2 NAME	<b>ALVAREZ, LUCIA</b>
STREET ADDRESS	<b>7572 N.W. 50 COURT</b>	4.3 STREET ADDRESS	<b>11026 N. W. 2nd STREET</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAVITZ, ROSA</b>	5.2 NAME	<b>AYALA, NORA</b>
STREET ADDRESS	<b>5150 N.W. 82ND TERRACE</b>	5.3 STREET ADDRESS	<b>4330 N.W. 101 DR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	5.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANA, MARLENE</b>	6.2 NAME	
STREET ADDRESS	<b>5609 NW 61ST AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067</b>	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: **M. C. ROBLES** *M. C. Robles* DATE **4-10-99** (954)753-5246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)