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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N29483** (7)
 1. Corporation Name
HISPANIC AMERICAN BUILDERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
250 CATALONIA AVE., SUITE 704 **250 CATALONIA AVE., SUITE 704**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **11/30/1988** 3a. Date of Last Report **02/17/1994**
 4. FEI Number **65-0090064** 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **13701 N. Kendall Dr.** 26 **13701 N. Kendall Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite#200** 27 **Suite#200**
 City & State City & State
 23 **Miami, Fl.** 28 **Miami, Fl.**
 Zip County Zip County
 24 **33186** 25 **Dade** 29 **33186** 30 **Dade**

9. Name and Address of Current Registered Agent
CERVERA-ROJAS, ROBERTO
250 CATALONIA AVE., SUITE 704
MIAMI FL 33134

10. Name and Address of New Registered Agent
 81 Name **CERVERA-ROJAS, ROBERTO**
 82 Street Address (P.O. Box Number is Not Acceptable) **13701 N. Kendall Dr.**
 83 **Suite#200**
 84 City **MIAMI** FL 85 Zip Code **33186**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SOLO, EMILIO J
STREET ADDRESS	8451 NW 61ST STREET
CITY - ST - ZIP	MIAMI FL 33166
TITLE	VPD
NAME	CARRENO, ALBERTO
STREET ADDRESS	4217 PONCE DE LEON
CITY - ST - ZIP	CORAL GABLES FL 33128
TITLE	VPD
NAME	ACOSTA, ALEX
STREET ADDRESS	12060 NW S. RIVER DRIVE
CITY - ST - ZIP	MIAMI FL 33178
TITLE	S
NAME	CARDENAS, TONY
STREET ADDRESS	9828 SW 146TH PLACE
CITY - ST - ZIP	MIAMI FL 33188
TITLE	VS
NAME	OTAZO, CRUZ
STREET ADDRESS	7350 NW 7TH ST., #102
CITY - ST - ZIP	MIAMI FL 33128
TITLE	D
NAME	CERVERA-ROJAS, ROBERTO
STREET ADDRESS	1500 BAY ROAD, #538
CITY - ST - ZIP	MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARREÑO, ALBERTO J.
1.3 STREET ADDRESS	232 MINORCA AVENUE
1.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IZQUIERDO, WILLY
2.3 STREET ADDRESS	11000 N.W. 121 WAY
2.4 CITY - ST - ZIP	MEDLEY, FL. 33178
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CERVERA-ROJAS, ROBERTO
3.3 STREET ADDRESS	13701 N.KENDALL DR. #200
3.4 CITY - ST - ZIP	MIAMI, FL. 33186
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SORA, ROXANA F.
4.3 STREET ADDRESS	8125 N.W. 53 STREET
4.4 CITY - ST - ZIP	MIAMI, FL. 33166
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELGADO, JUAN M.
5.3 STREET ADDRESS	7380 N.W. 77 Ct.
5.4 CITY - ST - ZIP	MIAMI, FL. 33166
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this filing 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 company or trust or 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.

SIGNATURE: _____ DATE: **4-25-95** (305) 382-5551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERTO CERVERA-ROJAS