

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address  
1307 N. KENDALL DRIVE STE 200 MIAMI FL 33186 US  
13701 N. KENDALL DRIVE STE 200 MIAMI FL 33186 US

3. Date Incorporated or Qualified **11/30/1988** 3a. Date of Last Report **04/28/1995**  
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  
8. This corporation has liability for intangible tax under s. 199.032, 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 Country Zip Country  
24 **33186** 25 **Dade** 29 **33186** 30 **Dade**

9. Name and Address of Current Registered Agent  
**CERVERA-ROJAS, ROBERTO**  
**13701 N. KENDALL DRIVE**  
**STE 200**  
**MIAMI FL 33186**

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** 85 Zip Code **FL 33186**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRENO, ALBERTO J	1.2 NAME	MARIN, ANTONIO E.
STREET ADDRESS	232 MINORCA AVENUE	1.3 STREET ADDRESS	1531 N.W. 15 St. Road
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33125
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZQUIERDO, WILLY	2.2 NAME	FERNANDEZ, JESUS
STREET ADDRESS	1100 N.W. 121 WAY	2.3 STREET ADDRESS	11830 S.W. 24 TERRACE
CITY-ST-ZIP	MEDLEY FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33175
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVERA-ROJAS, ROBERTO	3.2 NAME	DELGADO, JUAN M.
STREET ADDRESS	137071 N. KENDALL DR., #200	3.3 STREET ADDRESS	7380 N.W. 77 CT.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORA, ROXANA F	4.2 NAME	RODRIGUEZ, IDALBERTO
STREET ADDRESS	8125 N.W. 53 STREET	4.3 STREET ADDRESS	2909 N.W. 82 AVENUE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33122
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JUAN M	5.2 NAME	CERVERA-ROJAS, ROBERTO
STREET ADDRESS	7380 N.W. 77 CT.	5.3 STREET ADDRESS	13701 N. KENDALL DR. #200
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVERA-ROJAS, ROBERTO	6.2 NAME	
STREET ADDRESS	1500 BAY ROAD, #538	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIN, ANTONIO E.
1.3 STREET ADDRESS	1531 N.W. 15 St. Road
1.4 CITY-ST-ZIP	MIAMI, FL. 33125
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERNANDEZ, JESUS
2.3 STREET ADDRESS	11830 S.W. 24 TERRACE
2.4 CITY-ST-ZIP	MIAMI, FL. 33175
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELGADO, JUAN M.
3.3 STREET ADDRESS	7380 N.W. 77 CT.
3.4 CITY-ST-ZIP	MIAMI, FL. 33166
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RODRIGUEZ, IDALBERTO
4.3 STREET ADDRESS	2909 N.W. 82 AVENUE
4.4 CITY-ST-ZIP	MIAMI, FL. 33122
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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5.3 STREET ADDRESS	13701 N. KENDALL DR. #200
5.4 CITY-ST-ZIP	MIAMI, FL. 33186
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 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: **1-18-96** (305)382-5551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)