

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N33019 (3)
1. Corporation Name
BROWARD COUNTY HISPANIC BAR ASSOCIATION, INC.

95 MAR 22 PM 4:30

Principal Place of Business Mailing Address
P.O. BOX 14964 P.O. BOX 14964
FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1989** 3a. Date of Last Report **02/04/1994**
4. FEI Number **NOT APPLICABLE** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**RIGUERA, JOSE R
200 E. BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301**

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, CATHERINE
STREET ADDRESS	115 S ANDREWS AVE S423
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	P
NAME	GARDNER, ANA I
STREET ADDRESS	600 S. ANDREWS AVE., #600
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T
NAME	RIGUERA, JOSE R
STREET ADDRESS	200 E. BROWARD BLVD., 15TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	V
NAME	REYES, RICARDO A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer
2.2 NAME	Edward Montoya
2.3 STREET ADDRESS	200 SE 9th Street
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	

STREET ADDRESS	200 E. BROWARD BLVD., 15TH FLOOR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	QUINTELA, ADRIA
STREET ADDRESS	700 SE 3 AVE S100
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	LEE, ROBERT W
STREET ADDRESS	2400 E. COMMERCIAL BLVD., #600
CITY-ST-ZIP	FT LAUDERDALE FL

4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 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 change is an attachment with an address.

SIGNATURE: *Edward Montoya* **Edward Montoya** 3/10/95 (305) 767 6600
Date System Prefix #