

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 2:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37614 (7)**

1. Corporation Name
SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O MARIA C. ARRIOLA VELEZ
801 BRICKELL AVENUE, SUITE 1401
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 02/14/1994
4. FEI Number 65-0200917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 43 1901
22. City & State	27. City & State
23. Zip	28. SOUTH MIAMI, FL
24. Country	29. Zip
25. 33243-1901	30. Country

9. Name and Address of Current Registered Agent
**VELEZ, MARIA C. ARRIOLA
801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BERNSTEIN, ROGER M
STREET ADDRESS	69 MERRICK WAY, SUITE 201
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	VELEZ, MARIA C ARRIO
STREET ADDRESS	801 BRICKELL AV, SUITE 1401
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	POPPE NUNO
STREET ADDRESS	7130 SW 108 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CALLEZA, LILIANA
STREET ADDRESS	7201 SW 48 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	NUNES, MARY
STREET ADDRESS	6660 S.W. 117TH AV
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CONWAY, PETER
STREET ADDRESS	1257 MARIOLA CT
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	CONCEPCION MUÑOZ
1.3 STREET ADDRESS	4025 IRVINGTON AVE.
1.4 CITY - ST - ZIP	MIAMI, FL 33133
2.1 TITLE	D
2.2 NAME	VICE - PRESIDENT
2.3 STREET ADDRESS	BLODIA CRUZ
2.4 CITY - ST - ZIP	5911 MALL ST. CORAL GABLES, FL 33146
3.1 TITLE	D
3.2 NAME	TREASURER
3.3 STREET ADDRESS	PILAR MOORE
3.4 CITY - ST - ZIP	400 COMO AVE. CORAL GABLES, FL 33146
4.1 TITLE	D
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	DIANE ALMEYDA
4.4 CITY - ST - ZIP	6255 SW 116 ST MIAMI, FL 33156
5.1 TITLE	D
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	ANA RAVEL
5.4 CITY - ST - ZIP	520 SW 40 CT MIA MI, FL 33134
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)(b), Florida Statutes. I further certify that the information indicated in 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an addendum.

SIGNATURE: **CONCEPCION MUÑOZ 1/20/95 (305)**
PRESIDENT (442-2109)