

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 # **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** **PO BOX 431901
MIAMI FL 33243-1901
US**

3. Date incorporated or Qualified **04/09/1990** 3a. Date of Last Report **03/02/1995**
4. FEI Number **65-0200917** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 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 **400001826234**
84 City **05/28/96 01001-020** Zip Code *****70.00 FL 85**

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's Signature is required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CONCEPCION, MUNOZ 4025 IRVINGTON AVE MIAMI FL
VP CRUZ, ELODIA 5911 MALL ST CORAL GABLES FL
Y MOORE, PILAR 400 COMO AVE CORAL GABLES FL
DS ALMEYDA, DIANE 6235 SW 116 ST MIAMI FL
DS RAVEL, ANA 520 SW 40 CT MIAMI FL
D CONWAY, PETER 1257 MARIOLA CT MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Isabel Stein**
1.3 STREET ADDRESS **11601 SW 69 Avenue**
1.4 CITY-ST-ZIP **MIAMI, FL 33156**
2.1 TITLE **V/D Lisbeth M. BUSTIN** Change Addition
2.2 NAME
2.3 STREET ADDRESS **12750 Red Road**
2.4 CITY-ST-ZIP **CORAL GABLES, FL 33156**
3.1 TITLE **T/D CAROL E. BERG** Change Addition
3.2 NAME
3.3 STREET ADDRESS **5710 Country Club Prado**
3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**
4.1 TITLE **V/D Christina Bruce** Change Addition
4.2 NAME
4.3 STREET ADDRESS **6001 SW 86 ST**
4.4 CITY-ST-ZIP **MIAMI, FL 33143**
5.1 TITLE **S/D Elisa Turner** Change Addition
5.2 NAME
5.3 STREET ADDRESS **4966 Hammock Lakes Drive**
5.4 CITY-ST-ZIP **MIAMI, FL 33156**
6.1 TITLE Change 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: **Carol E. Berg** CAROLE E. BERG, Treas. 3/1/96 305-662-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Note - All are officers and directors

CR2E037 (12/95)

5-1-96 OR