

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37614 (7)**  
 1. Corporation Name  
**SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.**



Principal Place of Business <b>C/O MARIA C. ARRIOLA VELEZ                  801 BRICKELL AVENUE, SUITE 1401                  MIAMI FL 33131</b>	Mailing Address <b>PO BOX 431901                  MIAMI FL 33243-1901                  US</b>
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3. Date Incorporated or Qualified <b>04/09/1990</b>	3a. Date of Last Report <b>03/02/1995</b>
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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 Zip
24 Country	29 Country
25	30

4. FEI Number <b>65-0200917</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**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	<b>400001826234</b>
84 City	<b>05/20/96-01001-020 ***70.00 FL 85</b>
85 Zip Code	

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's Signature Required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONCEPCION, MUNOZ	
STREET ADDRESS	4025 IRVINGTON AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, ELODIA	
STREET ADDRESS	5911 MALL ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, PILAR	
STREET ADDRESS	400 COMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ALMEYDA, DIANE	
STREET ADDRESS	6235 SW 116 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RAVEL, ANA	
STREET ADDRESS	520 SW 40 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lisbeth M. Buxtin	
2.3 STREET ADDRESS	12750 Red Road	
2.4 CITY-ST-ZIP	CORAL GABLES, FL, 33156	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAROL E. BERG	
3.3 STREET ADDRESS	2710 Country Club Prado	
3.4 CITY-ST-ZIP	coral Gables, FL 33134	
4.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Christina Bruce	
4.3 STREET ADDRESS	6001 SW 86 St.	
4.4 CITY-ST-ZIP	Miami, FL 33143	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Delisa Turner	
5.3 STREET ADDRESS	4966 Hammock Lakes Drive	
5.4 CITY-ST-ZIP	Miami, FL 33156	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96 OR

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 # )

CP2E037 (12/95)