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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37614 (7)
1. Corporation Name
SPANISH INTERNATIONAL PARENTS ASSOCIATION, INC.



Principal Place of Business C/O MARIA C. ARRIOLA VELEZ 801 BRICKELL AVENUE, SUITE 1401 MIAMI FL 33131		Mailing Address PO BOX 431901 MIAMI FL 33243-1901 US		3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 03/05/1993
2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 65-0200917		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24		25		29	
26		27		30	

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	STEIN, ISABEL 11601 SW 69TH AVE. MIAMI FL 33156	1.1 TITLE PD	Abby Portuondo 7250 WEST LAGO DRIVE CORAL GABLES, FL 33143
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	BUSTIN, LISBETH M 12750 RED ROAD CORAL GABLES FL 33156	2.1 TITLE VPD	ELOISE VASQUEZ 526 SAN ANTONIO AVE. CORAL GABLES, FL 33146
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	BERG, CAROL 2710 COUNTRY CLUB PRADO CORAL GABLES FL 33134	3.1 TITLE VPD	MARTA MENDIVIL 1252 SW 17th TERRACE MIAMI, FL. 33145
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VPD	BRUCE, CHRISTINA 6001 SW 86TH ST. MIAMI FL 33156	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SD	TURNER, ELISA 4966 HAMMOCK LAKES DR. MIAMI FL 33156	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 CAROL E. BERG, Treas. 305-662-7812

CR2E037 (9/96)