


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 C/O MARIA C. ARRIOLA VELEZ 801 BRICKELL AVENUE, SUITE 1401 MIAMI FL 33131	Mailing Address PO BOX 431901 MIAMI FL 33243-1901 US
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3. Date Incorporated or Qualified 04/09/1990		
4. FEI Number 65-0200917	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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	FL	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

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ABBY PORTUONDO
STREET ADDRESS	7250 WEST LARGO DR
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ELOISE VASQUEZ
STREET ADDRESS	526 SAN ANTONIO AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VPD PD <input type="checkbox"/> DELETE
NAME	MARTA MENDIVIL
STREET ADDRESS	1252 SW 17TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	TURNER, ELISA
STREET ADDRESS	4966 HAMMOCK LAKES DR.
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CAROL BERG
STREET ADDRESS	2710 Country Club Prado
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Howard Goldstein
STREET ADDRESS	1555 ALCALA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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 Berg* Vice-Pres. **1/13/98 305-662-7812**

CR2E037 (10/97)