


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37614

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/09/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0200917
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BERG, CAROL	
STREET ADDRESS	2710 COUNTRY CLUB PRADO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELOISE VASQUEZ	
STREET ADDRESS	526 SAN ANTONIO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTA MENDIVIL	
STREET ADDRESS	1252 SW 17TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, ELISA	
STREET ADDRESS	4966 HAMMOCK LAKES DR.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, HOWARD	
STREET ADDRESS	1555 ALCALA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICK KALLERGIS	
1.3 STREET ADDRESS	1531 MILLER RD	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	PRECHA DONALDSON (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6001 SUGSBAY	
2.3 STREET ADDRESS	MIAMI, FL 33155	
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NATIVIDAD SOTO GOLDSTEIN	
3.3 STREET ADDRESS	1555 ALCALA AVE	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
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	President / REMOVED	<input checked="" 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		

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, with all other like empowered.

SIGNATURE: *[Signature]* 7/26/99 305 4454422

CR2E037 (5/99)