FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N38295** **(4)**

1. Corporation Name
HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 16141. TEMPLE TEREACE. FL TAMPA FL 33687-3141	P.O. BOX 16141. TEMPLE TEREACE. FL TAMPA FL 33687-3141

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3018810 ☒ 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

9. Name and Address of Current Registered Agent

RISCO, MARIA O
4221 NORTH HIMES AVENUE
SUITE 895
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Estela G. Cannella
82 Street Address (P.O. Box Number is Not Acceptable): 8330 Fountain Avenue
83
84 City: Tampa FL 85 Zip Code: 33615

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: Estela Cannella — PRESIDENT — 1/21/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ESTELA, CANNELLA 8330 FOUNTAIN AVENUE TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Norma Cano Negron 4102 Oaklawn Ct. Tampa, FL 33603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ISAZA, NORMA C 918 W CORNELIUS AVE TAMAP FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV Amalia B de Inaty 5349 Southwick Dr Tampa, FL 33624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NUNEZ-PATTERSON, MONICA 1407 BUCKNER ROAD VALRICO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT Ada Berasaluce 205 W. Busch Blvd., Suite 200 Tampa, Fl 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RISCO, MARIA O 4221 N HIMES AVE TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Maria O. Risco 4221 N Himes Ave Tampa, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MARGARITA 712 W. ROSS AVE. TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DS Matilde Garcia 714 S. Lois Ave Tampa, FL 33609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001740802 -03/13/96--01022--003 ***70.00	☐ Change ☐ Addition

CR2E037 (12/95)

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: Estela Cannella — 1/21/96 — (813) 237-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #