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May 12 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 # **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 33687-6141

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 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

CANNELLA, ESTELA G
8330 FOUNTAIN AVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: ADA M BERASALUCE
82 Street Address (P.O. Box Number is Not Acceptable): 205 W. BUSCH BLVD, SUITE 200
83:
84 City: TAMPA FL 85 Zip Code: 33612

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: Ada M. Berasaluce — Ada M. Berasaluce, Treasurer — 4/22/97
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NEGRON, NORMA C		1.2 NAME	NEGRON, NORMA C	
STREET ADDRESS	4102 OAKLAWN CT ENUE		1.3 STREET ADDRESS	203 TANGLEWOOD PL APT N-204	
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VD	☐ DELETE	2.1 TITLE	PRESIDENT ELECT	☒ Change ☐ Addition
NAME	DE INATY, AMALIA B		2.2 NAME	INATY, AMALIA B	
STREET ADDRESS	5349 SOUTHWICK DR		2.3 STREET ADDRESS	18520 BITTERN AVE	
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERASALUCE, ADA		3.2 NAME		
STREET ADDRESS	205 W BUSCH BLVD SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RISCO, MARIA O		4.2 NAME		
STREET ADDRESS	4221 N HIMES AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MATILDE		5.2 NAME		
STREET ADDRESS	714 S LOIS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			6.2 NAME	CAROLINA SAMPER PENA, M.D.	
STREET ADDRESS			6.3 STREET ADDRESS	7820 N. ARMENIA AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA, FL 33604	

CR2E037 (9/96)

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: Ada M. Berasaluce — ADA M BERASALUCE, TREASURER — 4/22/97 — (813) 933-4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049368