

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38295** (4)
1. Corporation Name
HISPANIC PROFESSIONAL WOMEN'S ASSOCIATION, INC.

Principal Place of Business P.O. BOX 16141, TEMPLE TEREACE, FL TAMPA FL 33687-3141	Mailing Address P.O. BOX 16141, TEMPLE TEREACE, FL TAMPA FL 33687-3141
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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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3. Date Incorporated or Qualified 05/09/1990	Applied For ☐ Yes ☒ No
4. FEI Number 59-3018810	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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent BERASAVCO, ADA M 205 W BUSCH BLVD STE 200 TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name AMALIA BRACHO INATY 82 Street Address (P.O. Box Number is Not Acceptable) 4624 N. ARMENIA AVE. 83 84 City TAMPA FL 85 Zip Code 33603
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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 *Amalia Bracho Inaty* **AMALIA BRACHO - INATY** 01/20/98
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	☐ Change ☐ Addition
NAME	NEGRON, NORMA C	1.2 NAME	AMALIA BRACHO INATY
STREET ADDRESS	203 TANGLEWOOD PL APT N-204	1.3 STREET ADDRESS	4624 N. Armenia Av Tampa FL 33603
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DE INATY, AMALIA B	2.2 NAME	V.D LUISA PEREZ HARVEY
STREET ADDRESS	5349 SOUTHWICK DR	2.3 STREET ADDRESS	1944 BLOSSOM WAY SO.
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	ST. PETE, FL 33712
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BERASALUCE, ADA	3.2 NAME	TD LIZ MCKENZIE
STREET ADDRESS	205 W BUSCH BLVD SUITE 200	3.3 STREET ADDRESS	1814 ELLINTONG CT. VALRICOF, FL 33549
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PENA, CAROLINA S	4.2 NAME	ADA BERASALUCE
STREET ADDRESS	7820 N ARMENIA AVE	4.3 STREET ADDRESS	205 W BUSCH BLVD SUITE 200 TPA
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, MATILDE	5.2 NAME	SD RAFAELA REYES
STREET ADDRESS	714 S LOIS AVE	5.3 STREET ADDRESS	3434 HUNTER RUN LANE TPA FL 33614
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Amalia Bracho Inaty* **AMALIA BRACHO** 01/20/98 (813) 8763794

CR2E037 (10/97)