FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:10

DOCUMENT # N44203 (0)

1. Corporation Name

SPANISH-AMERICAN VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 447 MELBOURNE FL 32902	P. O. BOX 447 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1991
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-3063873 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RIVERA, RAUL
2975 GEMINI AVENUE, N.E.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: Juan ORTIZ
82 Street Address (P.O. Box Number is Not Acceptable): 240 Avens Rd. NE
83
84 City: Palm Bay, FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Juan J. Ortiz PRES. 2-13-95
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	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	RIVERA, RAUL	1.2 NAME	Juan ORTIZ	
STREET ADDRESS	2975 GEMINI AVENUE, N.E.	1.3 STREET ADDRESS	240 Avens Rd. NE	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay, FL. 32907	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	RAMIREZ, RAUL	2.2 NAME	Juan Marrero	
STREET ADDRESS	P. O. BOX 1407 (N/A)	2.3 STREET ADDRESS	6790 Babcock St. SE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Palm Bay, FL. 32909	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ROMERO, FRANK	3.2 NAME	N/C	
STREET ADDRESS	178 NEMO CIRCLE, N.E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, EURIPIDEZ	4.2 NAME	N/C	
STREET ADDRESS	207 SAN MARINO ROAD, S.W.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ORTIZ, JUAN	5.2 NAME	Raul Rivera	
STREET ADDRESS	2700 WOODLAKE DRIVE, #202	5.3 STREET ADDRESS	2975 Gemini Ave. NE	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Palm Bay, FL. 32905	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	COLON, CHARLES	6.2 NAME	Rafael Pedraza	
STREET ADDRESS	702 DAMEX TERRACE, S.W.	6.3 STREET ADDRESS	1895 Blaine St. NE	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	Palm Bay, FL. 32905	

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)(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: J. Ortiz 2/13/95 (407) 768-2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Juan ORTIZ

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