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Apr 30 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 # N93000005654 (9)

1. Corporation Name
THE HISPANIC ACTION SOCIETY, INC.



Principal Place of Business: P.O. BOX 1242, PENSACOLA FL 32596, US
Mailing Address: P.O. BOX 1242, PENSACOLA FL 32596-1242

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-3206033	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCARBOROUGH, JOSEPH C. 15 W. LARUA STREET PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTOS-JAIME, ISMAEL		1.2 NAME		
STREET ADDRESS	1106 AMIENS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRANI, CARLOS L		2.2 NAME		
STREET ADDRESS	5295 BALFOUR PL.		2.3 STREET ADDRESS	D CASTRO, NELSON	
CITY-ST-ZIP	PENSACOLA FL 32507		2.4 CITY-ST-ZIP	5160 Crowson Road Pensacola, FL 32526	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBARA, OLIVIA R		3.2 NAME		
STREET ADDRESS	8435 HARBOUR SQUARE DR.		3.3 STREET ADDRESS	VAZQUEZ SCHUMMER, OLDA	
CITY-ST-ZIP	PENSACOLA FL 32514		3.4 CITY-ST-ZIP	1912 Jennifer Ln. Pace, FL 32571	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRUMMOND, NIVA		4.2 NAME		
STREET ADDRESS	4843 TRADEWINDS CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		4.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MERCEDES		5.2 NAME		
STREET ADDRESS	2361 B. CROSBY AVE.		5.3 STREET ADDRESS	BURTON, ALBERT W.	
CITY-ST-ZIP	PENSACOLA FL 32507		5.4 CITY-ST-ZIP	3471 Summit Blvd. Pensacola, FL 32503	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: DAVID N. BURE REQUIRED 4/18/97 904 452-1589
Date Daytime Phone # 904 432-5738

CR2E037 (9/96)