

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Jul 11, 1996 08:00 AM
 Secretary of State

DOCUMENT # N95000000559 (3)
 1. Corporation Name
VOLUSIA COUNTY HISPANIC ASSOCIATION INC.



Principal Place of Business
 1870 PROVIDENCE BLVD., STE. A
 DELTONA FL 32725

Mailing Address
 1870 PROVIDENCE BLVD., STE. A
 DELTONA FL 32725

3. Date Incorporated or Qualified: **02/06/1995**
 3a. Date of Last Report: **12-31-95**

2. Principal Place of Business
 21 **1202 SACRAMENTO ST**
 Suite, Apt. #, etc.
 22
 City & State
 23 **DELTONA FL**
 Zip Country
 24 **32725** 25 **VOLUSIA**
 26 **1202 SACRAMENTO ST**
 Suite, Apt. #, etc.
 27
 City & State
 28 **DELTONA FL**
 Zip Country
 29 **32725** 30 **VOLUSIA**

4. FEI Number: **65-0549680**
 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CORTES, ERNESTO
 1870 PROVIDENCE BLVD., STE. A
 DELTONA FL 32725

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **2921 PORTSMOUTH ST**
 84 City **DELTONA** FL 85 Zip Code **32738**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	CORTES, ERNESTO 1870 PROVIDENCE BLVD., STE. A DELTONA FL 32725	<input type="checkbox"/> DELETE	
TITLE V	HERNANDEZ, BLANCA I P.O. BOX 6264 N/A DELTONA FL 32725	<input type="checkbox"/> DELETE	
TITLE S	CORDERO, RUTHIE 3080 HOLLOW DR. DELTONA FL 32738	<input type="checkbox"/> DELETE	
TITLE I	VEGA, ENRIQUE 798 TRUBULL ST. DELTONA FL 32725	<input checked="" type="checkbox"/> DELETE	
TITLE I		<input type="checkbox"/> DELETE	
TITLE T		<input type="checkbox"/> DELETE	

1.1 TITLE D	CORTES ERNESTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2921 PORTSMOUTH ST
1.4 CITY-ST-ZIP	DELTONA FL 32738
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	200001892402
3.1 TITLE	-07/12/96--01062--010
3.2 NAME	***61:25
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE C	T CARMEN IRIZARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1213 VOYAGER ST.
4.3 STREET ADDRESS	DELTONA FL 32725
4.4 CITY-ST-ZIP	
5.1 TITLE S	ISAURA MALDONADO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	333 MONTEGO ST
5.3 STREET ADDRESS	DELTONA FL 32725
5.4 CITY-ST-ZIP	
6.1 TITLE T	BAITAZAR MALDONADO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	333 MONTEGO ST
6.3 STREET ADDRESS	DELTONA FL 32725
6.4 CITY-ST-ZIP	

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: **ERNESTO CORTES** 6/10/96 904.532.5057
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)