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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003697

1. Corporation Name
HISPANIC WOMEN ALLIANCE AGAINST DOMESTIC VIOLENC E - "HISPANIC TRAINING INSTITUTE" INC.

Principal Place of Business 635 N.E. 52 ST. MIAMI FL 33137	Mailing Address 635 N.E. 52 ST. MIAMI FL 33137
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312100-90042-25



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0849051
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GRIGGS, CARMEN C 635 N.E. 52ND ST. MIAMI FL 33137	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	CRYSTAL GRIGGS DIRECTOR 635 N.E. 52 ST. MIAMI, FLORIDA 33137	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR MILLIE SOLLADE LAVILLA 1605 S. RED ROAD CORAL GABLES - FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER SHAUN CARLUS GRIGGS 635 N.E. 52 ST. MIAMI FLORIDA 33137	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER RONI GOODRICH 3421 N. N. 14 ST. MIAMI - FLORIDA 33141	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA PRESIDENT CARMEN GRIGGS 635 N.E. 52 ST. MIAMI - FL 33137	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIANCA DELVINCHI DIRECTOR 960 DEMBROKE ROAD HALLANDALE - FLORIDA 33009	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER REGINA BERMAN 7970 BISCAYNE POINT CIRCLE MIAMI - BEACH - 33141	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: CRYSTAL GRIGGS DATE: 3-9-98 305-751-2091

CR2E037 (1/98)