

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

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

FILED

Jul 11, 1996 08:00 AM

Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1995		3a. Date of Last Report 12-31-95	
21 1202 SACRAMENTO ST		26 1202 SACRAMENTO ST		4. FEI Number 65-0549680		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 DELTONA FL		28 City & State DELTONA FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32725		25 Country VOLUSIA		29 Zip 32725		30 Country VOLUSIA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORTES, ERNESTO 1870 PROVIDENCE BLVD., STE. A DELTONA FL 32725				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. change of address only							
SIGNATURE 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	P	CORTES, ERNESTO	<input type="checkbox"/> DELETE	1.1 TITLE	D	CORTES ERNESTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1870 PROVIDENCE BLVD., STE. A		1.2 NAME		2921 Portsmouth St	
STREET ADDRESS		DELTONA FL 32725		1.3 STREET ADDRESS		DELTONA FL 32725	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	P	V	<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		HERNANDEZ, BLANCA I		2.2 NAME			
STREET ADDRESS		P.O. BOX 6264 N/A		2.3 STREET ADDRESS			
CITY-ST-ZIP		DELTONA FL 32725		2.4 CITY-ST-ZIP			
TITLE	P	S	<input type="checkbox"/> DELETE	3.1 TITLE		200001892402	
NAME		CORDERO, RUTHIE		3.2 NAME		-07/12/96--01062--010	
STREET ADDRESS		3080 HOLLOW DR.		3.3 STREET ADDRESS		***61:25	
CITY-ST-ZIP		DELTONA FL 32738		3.4 CITY-ST-ZIP			
TITLE		I	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		CARMEN IRIZARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		VEGA, ENRIQUE		4.2 NAME		1213 VOYAGER ST.	
STREET ADDRESS		798 TRUBULL ST.		4.3 STREET ADDRESS		DELTONA FL 32725	
CITY-ST-ZIP		DELTONA FL 32725		4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		ISAURA MALDONADO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				5.2 NAME		333 Montego St	
STREET ADDRESS				5.3 STREET ADDRESS		DELTONA FL 32725	
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	T	BAITAZAR MALDONADO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				6.2 NAME		333 Montego St	
STREET ADDRESS				6.3 STREET ADDRESS		DELTONA FL 32725	
CITY-ST-ZIP				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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNESTO CORTES

Date

Daytime Phone

6/10/96 904-532-5057

CR2E037 (3/96)