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

APPROVED AND FILED
95 MAR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733215 (8)

1. Corporation Name
HISPANIC-AMERICAN ASSOCIATION OF SARASOTA-MANATE E COUNTIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1114 SARASOTA FL 34230	P.O. BOX 1114 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1643875 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHESPOTE, MANUEL
1227 N. GULFSTREAM AVE.
SARASOTA FL 34236

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

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 Olga R Silva Olga R Silva Asst. 3-6-95
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 P. President	☒ Change	☐ Addition
NAME	CHEPOTE, MANUEL	1.2 NAME Julio Claret - Arq.		
STREET ADDRESS	1227 N. GULFSTREAM AVE	1.3 STREET ADDRESS 1802 Mid Ocean Cir.		
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP Sarasota, Fl. 342 39		
TITLE	VD	2.1 TITLE	☐ Change	☐ Addition
NAME	CLARET, JULIO	2.2 NAME N/A		
STREET ADDRESS	1802 MID OCEAN CIR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE V	☐ Change	☒ Addition
NAME	VILLADONIGA, FE	3.2 NAME		
STREET ADDRESS	2224 CORK OAK ST. W.	3.3 STREET ADDRESS Same		
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE S	☐ Change	☒ Addition
NAME	JAMES, VENUS	4.2 NAME		
STREET ADDRESS	2109 CAMBRIDGE DR.	4.3 STREET ADDRESS Same		
CITY-ST-ZIP	SARASOTA FL 34232	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	☐ Change	☒ Addition
NAME	MARCUM, LILLY	5.2 NAME N/A		
STREET ADDRESS	4801 SWIFT RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE T	☐ Change	☒ Addition
NAME	SILVA, OLGA R.	6.2 NAME		
STREET ADDRESS	424 N. BRIGGS AVE.	6.3 STREET ADDRESS Same		
CITY-ST-ZIP	SARASOTA FL 34237	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)(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: Olga R Silva - Olga R. Silva 3-6-95 364-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003187