


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733215 (8) 1. Corporation Name HISPANIC-AMERICAN ASSOCIATION OF SARASOTA-MANATE E COUNTIES, INC.					
Principal Place of Business P.O. BOX 1114 SARASOTA FL 34230			Mailing Address P.O. BOX 1114 SARASOTA FL 34230		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/03/1975 4. FEI Number 59-1643875 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SILVA, OLGA 424 N. BRIGGS AVE. SARASOTA FL 34237				10. Name and Address of New Registered Agent 81 Name FE E. VILLADONIGA 82 Street Address (P.O. Box Number is Not Acceptable) 2224 CORK OAK ST. W. 83 84 City SARASOTA FL 85 Zip Code 34232	
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 <u>FE E. Villadoniga</u> 3/16/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, OLGA		1.2 NAME	FE E. VILLADONIGA	
STREET ADDRESS	424 N. BRIGGS AVE.		1.3 STREET ADDRESS	2224 CORK OAK ST. W.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO, JOSE		2.2 NAME	JOSEFA CARRANZA	
STREET ADDRESS	2477 HUFFTON CIR		2.3 STREET ADDRESS	6620 CANTORE PL.	
CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-ST-ZIP	SARASOTA FL 34043	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, GLORIA		3.2 NAME	ANGELA GUEKER	
STREET ADDRESS	7119 51 DR. EAST		3.3 STREET ADDRESS	4092 BERKSHIRE DR.	
CITY-ST-ZIP	BRADENTON FL 34202		3.4 CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUESEN, JELLY		4.2 NAME		
STREET ADDRESS	4805 A 23RD., ST. W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOSE		5.2 NAME		
STREET ADDRESS	780 RELLIN LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34237		5.4 CITY-ST-ZIP		
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		



CR2E037 (10/97)

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.

SIGNATURE: Sandra B. Morham 3/18/98 377-4460