

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751076 (1)**

1. Corporation Name

**THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINISTRY, INC.**



Principal Place of Business

Mailing Address

7700 SW 56 STREET  
MIAMI FL 33165  
US

7700 SW 56TH STREET  
MIAMI FL 33165

3. Date Incorporated or Qualified

02/15/1980

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 7700 S.W. 56 Street

26 Same as # 2

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 Miami, FL

28

Zip

Zip

24 33155

Country

25 U.S.A.

Country

30

4. FEI Number

59-1891177

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK ESQ.  
338 MINORCA AVE  
CORAL GABLES FL 33134

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 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

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	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, EDWARD A.	
STREET ADDRESS	9401 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VIZCAINO, MARIO	
STREET ADDRESS	7700 SW 56TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LIPSCOMB, OSCAR H.	
STREET ADDRESS	400 GOVERNMENT ST.	
CITY - ST - ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAVALORA, JOHN C.	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Mario Vizcaino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date

(305)-279233

Daytime Phone #

Rev. Mario Vizcaino, Sch. P. /Secretary

CR2E037 (12/95)