## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

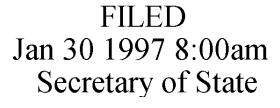
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 751076 (1)

THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINIS TRY, INC.





Principal Place of Business		Mailing Address						
7700 SW 56 STREET MIAMI FL 33155		7700 SW S6TH STREET MIAMI FL 33155-4303						
US		US			3. Date Incorporated or Qualified 02/15/1980		ite of Last 02/12/1	
	ace of Business	2a. Mailing Address			4. FFI Number	•		Applied For
<del></del>	S.W. 56 Street	26 Same as # 2			59-1891177 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional
22 N/A City & State		27 N/A City & State						Required
23 Miami		28			6. Election Campaign Financing Trust Fund Contribution	П		O May Be d to Fees
Zip	Country	Zip	Countr	v	This corporation has liability for it			
24 33155	25 U.S.A.	29	30			Yes		5. 199.032,
	9. Name and Address of Curren		1001		10. Name and Address of New Re			
			81	Name				
FITZGERALD, J. PATRICK ESQ. 338 MINORCA AVE				Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	GABLES FL 33134		83	1				
00.012			-	0.1			T [ -	
			84	City		FL	85 Zır	p Code
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was pations of, Section 617.0503, F	authorized b lorida Statute	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep and whererenstating:	orpose of	changing ointment a	its registered is registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CHS AND	DIRECTO	DRS IN 12
TITLE	\$D _	☐ DEFETE	11 HILE				☐ Change	Addition
NAME	VIZCAINO, MARIO		1.2 NAME					
STREET ADDRESS	7700 SW 56TH ST.		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL	——————————————————————————————————————	1.4 CITY-	ST-7IP			T***	
TITLE	VD	☐ DELFTE	2.1 1011				Change	Addition
NAME	LIPSCOMB, OSCAR H.		2.2 NAME					
STREET ADDRESS	400 GOVERNMENT ST.			LADORESS				
CITY-ST-ZIP TITLE	MOBILE AL	DELETE	2. 4 CITY-	S1 · 20P			<u>П съ</u>	T A MADE
NAME	PD FAVALORA TOURI C		3.1 7171.6				Change	e Addition
STREET ADDRESS	FAVALORA, JOHN C. 9401 BISCAYNE BLVD		3.2 NAME					
	MIAMI FL			T ADDRESS				
CITY-ST-ZIP TITLE	MIANU FL	DELETE	3.4 CITY- 4.1 TIT; E	21 - ZIP			Change	. Addition
NAME		_ water	4. 2 NAME				□ Auturile	Addition
STREET ADDRESS				1 ACORESS				
CITY-ST-ZIP			44 CBY-					
TITLE		DELETE	5 1 TITLE	31 EI'			Change	Add tion
NAME			5.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			5.4 CITY - :					
TITLE		DELETE	6 1 TITLE				☐ Change	Addition
NAME			6.2 NAME				3	_
STREET ADDRESS			1	LADDRESS				
CITY-ST-ZIP			6.4 CITY - 1					
	v certify that the information supplie	d with this filme does not qual			d in Section 119 07(3)(i). Florida Statutes	further	certify tha	at 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 eath; 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.

Rev. Mario Vizcaino, Sch.P.

GNATURE: Profile Statutes 11 triple certify that 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.

Rev. Mario Vizcaino, Sch.P.