

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

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 751076 (1)**

1. Corporation Name  
**THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINISTRY, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>7700 SW 56 STREET<br/>MIAMI FL 33155<br/>US</b> | Mailing Address<br><b>7700 SW 56TH STREET<br/>MIAMI FL 33155-4303<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/15/1980</b> | 3a. Date of Last Report<br><b>02/12/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>21 7700 S.W. 56 Street</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 Same as # 2</b><br>Suite, Apt. #, etc. |
| <b>22 N/A</b><br>City & State<br><b>23 Miami, FL</b>                                   | <b>27 N/A</b><br>City & State                                       |
| <b>24 33155</b> Zip <b>25 U.S.A.</b> Country   | <b>29</b> Zip <b>30</b> Country                                     |

|   |  |
|---|--|
| 4. FFI Number<br><b>59-1891177</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

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

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 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's signature, required when re-registering.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | DELETE                   |
|----------------------------|---------------------------|--------------------------|
| TITLE                      | <b>SD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>VIZCAINO, MARIO</b>    |                          |
| STREET ADDRESS             | <b>7700 SW 56TH ST.</b>   |                          |
| CITY-ST-ZIP                | <b>MIAMI FL</b>           |                          |
| TITLE                      | <b>VD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>LIPSCOMB, OSCAR H.</b> |                          |
| STREET ADDRESS             | <b>400 GOVERNMENT ST.</b> |                          |
| CITY-ST-ZIP                | <b>MOBILE AL</b>          |                          |
| TITLE                      | <b>PD</b>                 | <input type="checkbox"/> |
| NAME                       | <b>FAVALORA, JOHN C.</b>  |                          |
| STREET ADDRESS             | <b>9401 BISCAYNE BLVD</b> |                          |
| CITY-ST-ZIP                | <b>MIAMI FL</b>           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |
| TITLE                      |                           | <input type="checkbox"/> |
| NAME                       |                           |                          |
| STREET ADDRESS             |                           |                          |
| CITY-ST-ZIP                |                           |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY-ST-ZIP                                       |  |                          |                          |

14. I do 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.

**Rev. Mario Vizcaino, Sch.P.**  
SIGNATURE: *Mario Vizcaino Sch.P.*

CR2E037 (9/96)