FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

. Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 751076

THE SOUTHEAST REGIONAL OFFICE FOR HISPANIC MINIS

Principal Place of Business 7700 S.W. 56 STREET MIAMI FL 33155

Mailing Address

7700 SW 56TH STREET MIAMI FL 33155

US

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90044 043 *****70.00



		;						1.	
2.	Principal Place of Business	2a. Mailing Address			3. Date Incorpora				
21		26			02/15/1980	<u> </u>	٠,		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	_		Applied For	
22		27			59-189117	$I \sim I \sim$		Not Applicable	
23	City & State	City & State	1			cate of Status Desired \$8.75 Additional Fee Required			
	Zip Country	Zip				6 Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
24									
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	a 1 2 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3		81	Name	•				
FITZGERALD, J. PATRICK ESQ. A COSTICE FOR A SPALLO MANS 338 MINORCA AVE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	CORAL GABLES FL 33134		83						
4.	ton our na ordens	TOWN TWO STATES OF STATES	84	City	* · i.	AL SOURCE PROPERTY OF THE SECOND	L. 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	SD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	VIZCAINO, MARIO	1.2 NAME						
STREET ADDRESS	7700 SW 56TH ST.	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP						
TITLE	VD DELETE	2.1 TITLE	Change Addition					
NAME	LIPSCOMB, OSCAR H.	2.2 NAME						
STREET ADDRESS	400 GOVERNMENT ST.	2.3 STREET ADDRESS						
CITY-ST-ZIP	MOBILE AL	2. 4 CITY-ST-ZIP						
TITLE	PD DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME	FAVALORA JOHN C.	3.2 NAME						
STREET ADORESS		3.3 STREET ADDRESS						
CITY-ST-ZIP C	AMIAMI FL35 [14]	3.4, CITY-ST-ZIP						
TITLE	☐ DELETE	4.t TITLE	☐ Change ☐ Addition					
NAME SAY 36	SERVER TO THE RESERVE OF THE PROPERTY OF THE P	4, 2 NAME	14 人 图 15 (15) (15) 特别,所有的人,我们的自己是很多强度的。					
STREET ADDRESS	Barring the Committee of the Committee o	4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP	できた。 (40%) (20%)					
TITLE	☐ DELETE	5.1 TITLE	Change Addition					
NAME		5.2 NAME						
STREET ADDRESS	Ann.	5.3 STREET ADDRESS						
CITY-ST-ZIP	90	5.4 CITY-ST-ZIP						
TITLE	VELEXINETE DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME :	7700 5W 58W 3T.	6.2 NAME						
STREET ADDRESS	MAN TE	6.3 STREET ADDRESS						
CITY-ST-ZIP	Volume of the second of the se	6.4 CITY-ST-ZIP						

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, with all other like empowered.

SIGNATURE: Rev. Maciowi & THURSCHEREQUIRED

(305)279-2333