06011999-90025-003-$70.00-$70.00

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90025 003 ****70.00

DOCUMENT - 1

ANNUAL REPORT
1999

DIVISION

DOCUMENT # 751610

1. Corporation Name

THE COALITION OF HISPANIC AMERICAN WOMEN, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD. #221 CORAL GABLES FL 33134 US	P.O. BOX 144982 CORAL GABLES FL 33144-4982

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/19/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2045241 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CABALLERO, MARCIA B ESQ.
2450 S.W. 137 AVENUEE
#221
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: Ivette A Morgan
82 Street Address (P.O. Box Number is Not Acceptable): 717 Ponce De Leon Blvd Suite 221
83: G
84 City: Coral Gables FL 85 Zip Code: 33134

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: Ivette A Morgan — DATE: 5/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	Pres PD ☑ Change ☐ Addition
NAME	RODRIQUEZ, MADELEINE		1.2 NAME	Ivette A Morgan
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 221		1.3 STREET ADDRESS	717 Ponce De Leon Blvd, Suite 221
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VPD	☐ DELETE	2.1 TITLE	Vi Presidat / VPD ☑ Change ☐ Addition
NAME	MORGAN, IVETTE A		2.2 NAME	Theresa Caballero
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 221		2.3 STREET ADDRESS	717 Ponce De Leon Blvd, Suite 221
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VPD	☐ DELETE	3.1 TITLE	Treasurer / TD ☑ Change ☐ Addition
NAME	VALDES, VILMA		3.2 NAME	Genia Rondelli
STREET ADDRESS	717 PONCE DE LEON BLVD., SUITE 221		3.3 STREET ADDRESS	717 Ponce De Leon Blvd, Suite 221
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		☐ DELETE	4.1 TITLE	Secretary / SD ☐ Change ☑ Addition
NAME			4.2 NAME	Luisa Bravo
STREET ADDRESS			4.3 STREET ADDRESS	717 Ponce De Leon Blvd
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Ivette A Morgan — **SIGNATURE REQUIRED** — 1/14/99 — 305 270-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)