FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:46

DOCUMENT # **N20167** **(5)**

1. Corporation Name

WOMEN OF SPANISH ORIGIN, INC.

Principal Place of Business	Mailing Address
P O BOX 8208 CORAL SPRINGS FL 33075	P O BOX 8208 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1987**
3a. Date of Last Report: **06/08/1994**
4. FEI Number: **65-0066878** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

MATES, VIKKI
59172 NW 79TH WAY
PARKLAND FL 33067

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	P	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	MATES, VIKI	1.2 NAME	ROCIO RAMIREZ	
STREET ADDRESS	5972 NW 79TH WAY	1.3 STREET ADDRESS	7572 N.W 50 ST.	
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	S	2.1 TITLE	T	☐ Change ☒ Addition
NAME	CASTEBLANCO, OLGA	2.2 NAME	ROSA KRAVITZ	
STREET ADDRESS	BRANA, MARLENE	2.3 STREET ADDRESS	5150 N.W. 82 TER.	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	VP	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BRANA, MARLENE	3.2 NAME	MARLENE BRANA	
STREET ADDRESS	5609 NW 61 AVENUE	3.3 STREET ADDRESS	5609 N.W. 61 AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SAMANIEGO, MARTA	4.2 NAME	OLGA CASTELBLANCO	
STREET ADDRESS	4400 NW 103 DR	4.3 STREET ADDRESS	5420 N.W. 85 AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	LAUDERHILL, FL. 33351	
TITLE	D	5.1 TITLE	S	☐ Change ☒ Addition
NAME	PRIGGE, HILDA	5.2 NAME	MARIA NEIRA	
STREET ADDRESS	8812 NW 29 PL	5.3 STREET ADDRESS	12420 S.W. 1 ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	6.1 TITLE	S	☐ Change ☒ Addition
NAME	ACOSTA, MARIA	6.2 NAME		
STREET ADDRESS	8812 NW 29 PL	6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	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)(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.

SIGNATURE: ROSA KRAVITZ - ROSA KRAVITZ-TREASURER 4/2/92 305-341-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6040484