

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

04/16/1987

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0066878

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATES, VIKKI
59172 NW 79TH WAY
PARKLAND FL 33067

81 Name

MARLENE BRANA

82 Street Address (P.O. Box Number is Not Acceptable)

5609 N.W. 61 Ave.

83

84 City

CORAL SPRINGS

FL

85 Zip Code
33067

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

Marlene M. Brana

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MATES, VIKI**
STREET ADDRESS **5972 NW 79TH WAY**
CITY-STATE-ZIP **PARKLAND FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **MARLENE BRANA**
1.3 STREET ADDRESS **5609 N.W. 61 Ave.**
1.4 CITY-STATE-ZIP **CORAL SPRINGS, FL 33067**

TITLE **S** ☒ DELETE
NAME **CASTEBLANCO, OLGA**
STREET ADDRESS **BRANA, MARLENE**
CITY-STATE-ZIP **LAUDERHILL FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **MARIA F. NEIRA**
2.3 STREET ADDRESS **12440 S.W. 1st. ST.**
2.4 CITY-STATE-ZIP **CORAL SPRINGS, FL 33071**

TITLE **D** ☐ DELETE
NAME **BRANA, MARLENE**
STREET ADDRESS **5609 NW 61 AVENUE**
CITY-STATE-ZIP **CORAL SPRINGS FL**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **ARELIS MATUTE**
3.3 STREET ADDRESS **8641 N.W. 57 CT.**
3.4 CITY-STATE-ZIP **CORAL SPRINGS, FL. 33067**

TITLE **D** ☒ DELETE
NAME **CASTELBLANCO, OLGA**
STREET ADDRESS **5420 NW 85 AVE**
CITY-STATE-ZIP **LAUDERHILL FL**

4.1 TITLE **T** ☐ Change ☐ Addition
4.2 NAME **ROSA KRAVITZ**
4.3 STREET ADDRESS **5150 N.W. 82 TER.**
4.4 CITY-STATE-ZIP **CORAL SPRINGS, FL. 33067**

TITLE **D** ☒ DELETE
NAME **PRIGGE, HILDA**
STREET ADDRESS **8812 NW 29 PL**
CITY-STATE-ZIP **CORAL SPRINGS FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **ROCIO RAMIREZ**
5.3 STREET ADDRESS **9100 W. ATLANTIC BLVD. #613**
5.4 CITY-STATE-ZIP **CORAL SPRINGS, FL. 33071**

TITLE **S** ☒ DELETE
NAME **ACOSTA, MARIA**
STREET ADDRESS **8812 NW 29 PL**
CITY-STATE-ZIP **CORAL SPRINGS FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **LAURA LOPEZ**
6.3 STREET ADDRESS **7605 N.W. 42 CT.**
6.4 CITY-STATE-ZIP **CORAL SPRINGS, FL. 33065**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene M. Brana

Date

Daytime Phone #

Feb. 4/96

CR2E037 (12/95)

WOSO OFFICERS & DIRECTOR (CONTINUATION)

DIRECTOR

change

VIKKI MATES
5972 N.W. 79 WAY
PARKLAND, FL. 33067

SECRETARY OF WAYS & MEANS

addition

BLANCA GARTNER
5073 N.W. 103 AVE.
CORAL SPRINGS, FL. 33076

SECRETARY OF PUBLICITY

addition

PATRICIA CHONG
9133 N.W. 53 ST.
CORAL SPRINGS, FL. 33067

SECRETARY OF PROGRAMS

addition

NORA AYALA
4300 N.W. 101 DR
CORAL SPRINGS, FL. 33071