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Aug 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N26394 (9)  
1. Corporation Name  
HISPANIC BUSINESS INSTITUTE OF FLORIDA INC.



Principal Place of Business Mailing Address  
5700 MEMORIAL HWY 5700 MEMORIAL HWY  
SUITE 208 SUITE 208  
TAMPA FL 33615 TAMPA FL 33615-5258  
US US

3. Date Incorporated or Qualified 05/12/1988 3a. Date of Last Report 11/22/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2952954 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

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

BERASALUCE, ADA M  
205 WEST BUSCH BLVD.  
SUITE 200  
TAMPA FL 33612

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 *Ada M. Berasaluce* 2/10/97  
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

T BARASALUCE, ADA M  
205 W BUSCH BLVD, STE. 200  
TAMPA FL 33612

1.1 TITLE TREASURER "D" Change Addition  
1.2 NAME BERASALUCE, ADA, M.  
1.3 STREET ADDRESS 205 W BUSCH BLVD, STE 200  
1.4 CITY-ST-ZIP TAMPA, FL 33612

V TRUSTILLO, JOHN  
4144 N ARMENIA AVE.  
TAMPA FL 33607

2.1 TITLE VICE PRESIDENT "D" Change Addition  
2.2 NAME TRUSTILLO, JOHN  
2.3 STREET ADDRESS 4144 N ARMENIA AVE  
2.4 CITY-ST-ZIP TAMPA, FL 33607

P DEVIN, ILEANE DELEON  
5700 MEMORIAL HWY  
TAMPA FL 33615

3.1 TITLE PRESIDENT "D" Change Addition  
3.2 NAME ILEANA DELEON  
3.3 STREET ADDRESS 5700 MEMORIAL HWY, STE 208  
3.4 CITY-ST-ZIP TAMPA, FL 33615

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

DELETE

6.1 TITLE  
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.

CR2E037 (9/96)