

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90067 001 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26394**

1. Corporation Name

**HISPANIC BUSINESS INSTITUTE OF FLORIDA INC.**

Principal Place of Business

5700 MEMORIAL HWY  
SUITE 208  
TAMPA FL 33615  
US

Mailing Address

5700 MEMORIAL HWY  
SUITE 208  
TAMPA FL 33615  
US



2. Principal Place of Business

21 **P.O. Box 292242**

Suite, Apt. #, etc.

22 City & State

23 **Tampa, FL**

Zip Country

24 **33687-2242** 25 **US**

2a. Mailing Address

26 **P.O. Box 292242**

Suite, Apt. #, etc.

27 City & State

28 **Tampa, FL**

Zip Country

29 **33687-2242** 30 **US**

3. Date Incorporated or Qualified

**05/12/1988**

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

9. Name and Address of Current Registered Agent

SIERRA, GINA E  
912 W DR MARTIN LUTHER KING BLVD  
SUITE 200  
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name **Gina E. Sierra**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**912 W. Dr. Martin Luther King Blvd**  
83  
84 City **Tampa** FL 85 Zip Code **33603**

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

TITLE **TD** ☐ DELETE

NAME **SIERRA, GINA**  
STREET ADDRESS **912 W DR MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ DELETE

NAME **TRUSTILLO, JOHN**  
STREET ADDRESS **4144 N ARMENIA AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ DELETE

NAME **DELEON, ILEANA**  
STREET ADDRESS **5700 MEMORIAL HWY., SUITE 208**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Sandra Lopez**  
2.3 STREET ADDRESS **7213 N. 40th St.**  
2.4 CITY-ST-ZIP **Tampa, FL 33604**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Lori Garcia**  
3.3 STREET ADDRESS **5650 Breckenridge Park Drive, Ste. 110**  
3.4 CITY-ST-ZIP **Tampa, FL 33610**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)