

FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 <b>P.O. Box 292242</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 292242</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>05/12/1988</b>
22	27	4. FEI Number <b>59-2952954</b> Applied For / Not Applicable
23 <b>Tampa, FL</b> City & State	28 <b>Tampa, FL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 <b>33687-2242</b> 25 <b>US</b> Zip Country	29 <b>33687-2242</b> 30 <b>US</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>SIERRA, GINA E</b> <b>912 W DR MARTIN LUTHER KING BLVD</b> <b>SUITE 200</b> <b>TAMPA FL 33603</b>	10. Name and Address of New Registered Agent 81 Name <b>Gina E. Sierra</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>912 W. Dr. Martin Luther King Blvd</b> 83 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33603</b>
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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 \_\_\_\_\_ 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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIERRA, GINA</b>	1.2 NAME	
STREET ADDRESS	<b>912 W DR MARTIN LUTHER KING BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRUSTILLO, JOHN</b>	2.2 NAME	<b>Sandra Lopez</b>
STREET ADDRESS	<b>4144 N ARMENIA AVE.</b>	2.3 STREET ADDRESS	<b>7213 N. 40th St.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Tampa, FL 33604</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DELEON, ILEANA</b>	3.2 NAME	<b>Lori Garcia</b>
STREET ADDRESS	<b>5700 MEMORIAL HWY., SUITE 208</b>	3.3 STREET ADDRESS	<b>5650 Breckenridge Park Drive, Ste. 110</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33610</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gina E. Sierra* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)