

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90077 007 \*\*\*\*70.00

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                        |  |  |                                                                            | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N28687</b>                                                               |  |                                                                                   |                                                                            |                                                                                                          |  |
| 1. Corporation Name<br><b>TEMPLIO HISPANO BET-EL, INC.</b>                             |  |                                                                                   |                                                                            |                                                                                                          |  |
| Principal Place of Business<br>1921 5TH AVE<br>2821 DURHAM ST.<br>TAMPA FL 33605<br>US |  |                                                                                   | Mailing Address<br>%THOMAS M. MONTERO<br>2821 DURHAM ST.<br>TAMPA FL 33605 |                                                                                                          |  |

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|                                                                                                            |  |                                                                                          |  |                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24        |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>10/04/1988<br>4. FEI Number<br>59-2870661<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br>MONTERO, THOMAS M.<br>2821 DURHAM ST.<br>TAMPA FL 33605 |  |                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____<br>(NOTE: Registered Agent signature required when reinstating) |                                              |                                                       |                                                                                                   |
| 12. OFFICERS AND DIRECTORS                                                                 |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                   |
| TITLE                                                                                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <del>DIRECTOR</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                                                                                       | MONTERO, THOMAS M.                           | 1.2 NAME                                              | ROSA D. CABRERA                                                                                   |
| STREET ADDRESS                                                                             | 2821 DURHAM ST.                              | 1.3 STREET ADDRESS                                    | 3904 ARLINGTON AVE                                                                                |
| CITY-ST-ZIP                                                                                | TAMPA FL                                     | 1.4 CITY-ST-ZIP                                       | TAMPA FL 33603                                                                                    |
| TITLE                                                                                      | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <del>SECRETARY</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                       | RODRIGUEZ, ANDRES                            | 2.2 NAME                                              | OSCAR GARCIA                                                                                      |
| STREET ADDRESS                                                                             | 1001 E CURTIS ST                             | 2.3 STREET ADDRESS                                    | 308 N. FREEMONT                                                                                   |
| CITY-ST-ZIP                                                                                | TAMPA FL                                     | 2.4 CITY-ST-ZIP                                       | TAMPA, FLORIDA 33606                                                                              |
| TITLE                                                                                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                                                                                       | CABRERA, JOSE                                | 3.2 NAME                                              |                                                                                                   |
| STREET ADDRESS                                                                             | 3904 ARLINGTON AVE                           | 3.3 STREET ADDRESS                                    |                                                                                                   |
| CITY-ST-ZIP                                                                                | TAMPA FL 33603                               | 3.4 CITY-ST-ZIP                                       |                                                                                                   |
| TITLE                                                                                      | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                                                                                       | FLORES, ORBELINA                             | 4.2 NAME                                              |                                                                                                   |
| STREET ADDRESS                                                                             | 3625 W. PALMETTO STREET                      | 4.3 STREET ADDRESS                                    |                                                                                                   |
| CITY-ST-ZIP                                                                                | TAMPA FL                                     | 4.4 CITY-ST-ZIP                                       |                                                                                                   |
| TITLE                                                                                      | T <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| NAME                                                                                       | PAEZ, HIPATIA                                | 5.2 NAME                                              |                                                                                                   |
| STREET ADDRESS                                                                             | 2713 DEWEY STREET                            | 5.3 STREET ADDRESS                                    |                                                                                                   |
| CITY-ST-ZIP                                                                                | TAMPA FL                                     | 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: *By Thomas M. Montero* *25 April 1999*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)