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FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34262 (8)

1. Corporation Name

HISPANIC ASSOCIATION OF AT&amp;T EMPLOYEES, INC.

Principal Place of Business

P.O. BOX 940787  
MAITLAND FL 32794-0787

Mailing Address

P.O. BOX 940787  
MAITLAND FL 32794-07873. Date Incorporated or Qualified  
09/19/19893a. Date of Last Report  
10/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

4. FEI Number

59-2979577

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

AUFFANT, JAMES R  
2514 E. JACKSON ST  
ORLANDO FL 32803

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 617.0503 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

2/19/97

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ESTEBAN, GLORIA  
STREET ADDRESS 2301 MAITLAN CTR PKWY  
CITY-ST-ZIP MAITLAN FL ☒ DELETETITLE DV  
NAME RAMOS, FELIX  
STREET ADDRESS 3200 LAKE EMMA RD  
CITY-ST-ZIP LAKE MARY FL ☐ DELETETITLE DV  
NAME O'TOOLE, GLORIA  
STREET ADDRESS 3200 LAKE EMMA RD  
CITY-ST-ZIP LAKE MARY FL ☐ DELETETITLE DS  
NAME FLATT, CONNIE  
STREET ADDRESS 6021 S RIO GRANDE AVE  
CITY-ST-ZIP ORLANDO FL ☒ DELETETITLE DT  
NAME DALTON, JOANN  
STREET ADDRESS 7700 SOUTHLAND  
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE D  
NAME ETCHEGOYEN, ALFREDO  
STREET ADDRESS 9333 S JOHN YOUNG PKWY  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME RAMOS, FELIX  
1.3 STREET ADDRESS 3200 LAKE EMMA RD.  
1.4 CITY-ST-ZIP LAKE MARY, FL 32746 ☒ Change ☐ Addition2.1 TITLE DV  
2.2 NAME RICHER, VERONICA  
2.3 STREET ADDRESS 6021 S RIO GRANDE  
2.4 CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE DS  
4.2 NAME SAAVEDRA, ANA  
4.3 STREET ADDRESS 36 SKYLINE DR  
4.4 CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Change ☒ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE D  
6.2 NAME DOORKE, MINNIE  
6.3 STREET ADDRESS 3200 LAKE EMMA RD  
6.4 CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Change ☒ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

407-850-3640

Daytime Phone # 0018558

CR2E037 (9/96)