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Feb 27 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 # N34262 (8)

1. Corporation Name  
HISPANIC ASSOCIATION OF AT&T EMPLOYEES, INC.



Principal Place of Business Mailing Address  
P.O. BOX 940787 P.O. BOX 940787  
MAITLAND FL 32794-0787 MAITLAND FL 32794-0787

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/19/1989  | 3a. Date of Last Report<br>10/04/1996 |
| 4. FEI Number<br>59-2979577  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent  
AUFFANT, JAMES R  
2514 E. JACKSON ST  
ORLANDO FL 32803

10. Name and Address of New Registered Agent  
61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City  
65 Zip Code  
FL

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: *James R. Auffant* DATE: 2/19/97  
Signature: typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE |
| NAME                       | ESTEBAN, GLORIA                               |
| STREET ADDRESS             | 2301 MAITLAN CTR PKWY                         |
| CITY - ST - ZIP            | MAITLAN FL                                    |
| TITLE                      | DV <input type="checkbox"/> DELETE            |
| NAME                       | RAMOS, FELIX                                  |
| STREET ADDRESS             | 3200 LAKE EMMA RD                             |
| CITY - ST - ZIP            | LAKE MARY FL                                  |
| TITLE                      | DV <input type="checkbox"/> DELETE            |
| NAME                       | O'TOOLE, GLORIA                               |
| STREET ADDRESS             | 3200 LAKE EMMA RD                             |
| CITY - ST - ZIP            | LAKE MARY FL                                  |
| TITLE                      | DS <input checked="" type="checkbox"/> DELETE |
| NAME                       | FLATT, CONNIE                                 |
| STREET ADDRESS             | 6021 S RIO GRANDE AVE                         |
| CITY - ST - ZIP            | ORLANDO FL                                    |
| TITLE                      | DT <input type="checkbox"/> DELETE            |
| NAME                       | DALTON, JOANN                                 |
| STREET ADDRESS             | 7700 SOUTHLAND                                |
| CITY - ST - ZIP            | ORLANDO FL                                    |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  |
| NAME                       | ETCHEGOYEN, ALFREDO                           |
| STREET ADDRESS             | 9333 S JOHN YOUNG PKWY                        |
| CITY - ST - ZIP            | ORLANDO FL                                    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | RAMOS, FELIX  |
| 1.3 STREET ADDRESS                                    | 3200 LAKE EMMA RD.  |
| 1.4 CITY - ST - ZIP                                   | LAKE MARY, FL 32746   |
| 2.1 TITLE   | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | RICHER, VERONICA  |
| 2.3 STREET ADDRESS                                    | 6021 S RIO GRANDE   |
| 2.4 CITY - ST - ZIP                                   | ORLANDO, FL 32809   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | SAAVEDRA, ANA   |
| 4.3 STREET ADDRESS                                    | 36 SKYLINE DR   |
| 4.4 CITY - ST - ZIP                                   | LAKE MARY, FL 32746   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 6.2 NAME  | WOLKE, MINNIE   |
| 6.3 STREET ADDRESS                                    | 3200 LAKE EMMA RD   |
| 6.4 CITY - ST - ZIP                                   | LAKE MARY, FL 32746   |

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: *Jo Ann Dalton* DATE: 2/20/97 DAYTIME PHONE: 407-850-3640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)