SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:05

DOCUMENT # N37640 (2)

1. Corporation Name

THE NATIONAL ASSOCIATION OF HISPANIC PROFESSORS OF BUSINESS ADMINISTRATION AND ECONOMICS, INC.

Principal Place of Business	Mailing Address
C/O R. OLIVA , F.I.U. BA 239 B MIAMI FL 33199 US	40 R. OLIVA, F.I.U. BA 239 B MIAMI FL 33199 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0268529 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 c/o R. Oliva
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 191 Bal Bay Dr.
City & State 23	City & State 28 Bal Harbour, FL.
Zip 24 / Country 25	Zip 29 33154 / Country 30 U.S.

9. Name and Address of Current Registered Agent

OLIVA, ROBERT R
SCHOOL OF ACCOUNTING BA239B
FLORIDA INTERNATIONAL UNIVERSITY
MIAMI FL 33199

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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
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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	OLIVA, ROBERT R	12 NAME	
STREET ADDRESS	SCHOOL OF ACCOUNTING BA239B, FLA INT UNIV	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MEJIAS, LUIS GOMEZ	22 NAME	
STREET ADDRESS	DEPT OF MGMT ARIZONA UNI	23 STREET ADDRESS	
CITY-ST-ZIP	TEMPE AZ	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	GARNAND, JOHN	32 NAME	
STREET ADDRESS	COLL/BUSINESS UNIV OF CO	33 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MONCARZ, RAUL	42 NAME	
STREET ADDRESS	2644 FLAMINGO DR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LEONARDO	52 NAME	
STREET ADDRESS	670 SW 24TH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	QUINONEZ, VICTOR	62 NAME	
STREET ADDRESS	CALLE LAS VIOLETAS #2007	63 STREET ADDRESS	
CITY-ST-ZIP	SANTURLE, P R	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert R Oliva ROBERT R. OLIVA June 8, 1995 (305)348-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000600