

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37640 (2)
1. Corporation Name
THE NATIONAL ASSOCIATION OF HISPANIC PROFESSORS
OF BUSINESS ADMINISTRATION AND ECONOMICS, INC.



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

Mailing Address
C/O R OLIVA
191 BAL BAY DR
BAL HARBOUR FL 33154
US

3. Date Incorporated or Qualified
04/11/1990

3a. Date of Last Report
06/21/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and firm if applicable

DATE Registered Agent's signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTD	OLIVA, ROBERT R	SCHOOL OF ACCOUNTING BA239B, FLA INT UNIV	MIAMI FL	<input type="checkbox"/>
VD	MEJIAS, LUIS GOMEZ	DEPT OF MGMT ARIZONA UNI	TEMPE AZ	<input type="checkbox"/>
S	GARNAND, JOHN	COLL/BUSINESS UNIV OF CO	BOULDER CO	<input type="checkbox"/>
D	MONCARZ, RAUL	2644 FLAMINGO DR	MIAMI BEACH FL	<input type="checkbox"/>
D	RODRIGUEZ, LEONARDO	670 SW 24TH ROAD	MIAMI FL	<input type="checkbox"/>
VD	QUINONEZ, VICTOR	CALLE LAS VIOLETAS #2007	SANTURLE, P R	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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)(k), 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

DATE

Daytime Phone

301-3483220

CR2E037 (12/95)