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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

C/O R OLIVA
191 BAL BAY DR
BAL HARBOUR FL 33154-1310
US



3. Date Incorporated or Qualified
04/11/1990

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **OLIVA, ROBERT R**
STREET ADDRESS **SCHOOL OF ACCOUNTING BA239B, FLA INT UNIV**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **MEJIAS, LUIS GOMEZ**
STREET ADDRESS **DEPT OF MGMT ARIZONA UNI**
CITY-ST-ZIP **TEMPE AZ**

TITLE **S** ☐ DELETE
NAME **GARNAND, JOHN**
STREET ADDRESS **COLL/BUSINESS UNIV OF CO**
CITY-ST-ZIP **BOULDER CO**

TITLE **D** ☐ DELETE
NAME **MONCARZ, RAUL**
STREET ADDRESS **2844 FLAMINGO DR**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, LEONARDO**
STREET ADDRESS **670 SW 24TH ROAD**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **QUINONEZ, VICTOR**
STREET ADDRESS **CALLE LAS VIOLETAS #2007**
CITY-ST-ZIP **SANTURLE, P R**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Robert R. Oliva **ROBERT R. OLIVA, President** 3/15/97
305-864-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030805

CP2E037 (9/96)