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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

3. Date Incorporated or Qualified

04/11/1990

4. FEI Number

65-0268529

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE D
NAME RODRIGUEZ, LEONARDO
STREET ADDRESS 870 SW 24TH ROAD
CITY-ST-ZIP MIAMI FL

☐ DELETE

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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]

Robert R. Oliva, President, 3/23/98

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