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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37640

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 239B
MIAMI FL 33199
US

Mailing Address

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



2. Principal Place of Business

21 C/O LEONARDO RODRIGUEZ

Suite, Apt. #, etc.

22 BA 235B

City & State

23 MIAMI - FL

Zip

24 33199

Country

25

2a. Mailing Address

26 LEONARDO RODRIGUEZ

Suite, Apt. #, etc.

27 670 SW 24TH RD

City & State

28 MIAMI - FL

Zip

29 33129

Country

30

3. Date Incorporated or Qualified

04/11/1990

4. FEI Number

65-0268529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

LEONARDO RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

SCHOOL OF ACCOUNTING BA 235B

83 FLORIDA INTERNATIONAL UNIVERSITY

84 City

MIAMI

FL

85 Zip Code

33199

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 Leonardo Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/99

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 2644 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 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, with all other like empowered.

SIGNATURE: Leonardo Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/99 305 348 3266
Date Daytime Phone #

CR2E037 (1/198)