FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38130 (3)

1. Corporation Name

PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O DRAWER 3626 WEST PALM BEACH FL 33402-3626 US	P O DRAWER 3626 WEST PALM BEACH FL 33402-3626 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1990	3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0196935	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 515 North Flagler Dr.	26 515 North Flagler Dr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 10th Floor	27 10th Floor		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23 West Palm Beach, FL	28 West Palm Beach, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33401 / 25 USA	29 33401 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, JOSE G 2240 PALM BEACH LAKES BLVD. #200 #201 WEST PALM BEACH FL 33409	81 Name: Yvette Murray 82 Street Address (P.O. Box Number is Not Acceptable): 515 North Flagler - 10th Floor 83 Northbridge Center 84 City: West Palm Beach, FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X _____ DATE
Signature, and 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	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	RODRIGUEZ, JOSE	1.2 NAME	Yvette Murray	
STREET ADDRESS	2240 PALM BEACH LAKES BLVD. #200	1.3 STREET ADDRESS	515 North Flagler	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	10th Floor - Northbridge Centre West Palm Beach, FL 33401	
TITLE	DS	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	MARTINEZ, KATHERINE A	2.2 NAME	Esther Zapata Ruderman	
STREET ADDRESS	2139 PALM BEACH LAKES BLVD.	2.3 STREET ADDRESS	400 Australian Ave. South	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Suite 600 West Palm Beach, FL 33401	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	VILCHEZ, VICTORIA	3.2 NAME		
STREET ADDRESS	1601 BELVEDERE ROAD #2095	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BECH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Victoria Vilchez — 4/4/95 (Date) — (407) 471-0001 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Victoria Vilchez, Treasurer

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