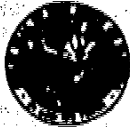


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
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

**P O DRAWER 3626  
WEST PALM BEACH FL 33402-3626  
US**

Mailing Address

**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

**21 515 North Flagger Dr.**

Suite, Apt., etc.

**22 10th Floor**

City & State

**23 West Palm Beach, FL**

Zip

**24 33401**

Country

**25 USA**

2a. Mailing Address

**26 515 North Flagger Dr.**

Suite, Apt., etc.

**27 10th Floor**

City & State

**28 West Palm Beach, FL**

Zip

**29 33401**

Country

**30 USA**

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE G  
2240 PALM BEACH LAKES BLVD. #200  
#201  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

**Yvette Murray  
82 Street Address (P.O. Box Number is Not Acceptable)  
515 North Flagger - 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

Signature of person appointed as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**DP  
TITLE RODRIGUEZ, JOSE  
NAME 2240 PALM BEACH LAKES BLVD. #200  
STREET ADDRESS W. PALM BEACH FL  
CITY - ST - ZIP**

**DS  
TITLE MARTINEZ, KATHERINE A  
NAME 2139 PALM BEACH LAKES BLVD.  
STREET ADDRESS WEST PALM BEACH FL  
CITY - ST - ZIP**

**DT  
TITLE VILCHEZ, VICTORIA  
NAME 1601 BELVEDERE ROAD #2095  
STREET ADDRESS WEST PALM BEACH FL  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE DP Yvette Murray  
1.2 NAME  
1.3 STREET ADDRESS 515 North Flagger  
1.4 CITY - ST - ZIP 10th Floor - Northbridge Centre  
West Palm Beach, FL 33401**

**2.1 TITLE DS Esther Zapata Cuderman  
2.2 NAME 400 Australian Ave. South  
2.3 STREET ADDRESS Suite 600  
2.4 CITY - ST - ZIP West Palm Beach, FL 33401**

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

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

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

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**Victoria Vilchez, Treasurer**

Date

Daytime Phone

**4/4/95 (407) 471-0001**