

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90008 001 ****61.25

DOCUMENT # N38130

1. Corporation Name

PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.

Principal Place of Business

218 PATURA STREET
THIRD FLOOR
WEST PALM BEACH FL 33401
US

Mailing Address

218 DATURA STREET
THIRD FLOOR
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

21 1645 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

22 Suite 1200

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 U.S.A.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/11/1990

4. FEI Number

65-0196935

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FARACH, MANUEL
218 DATURA ST, THIRD FLOOR
THIRD FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Mannel Farach

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

1645 Palm Beach Lakes Blvd.

83

Suite 1200

84 City

West Palm Beach

FL

85 Zip Code

33401

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME D
PETILLO, MARINA
STREET ADDRESS 1201 U.S. HIGHWAY ONE, SUITE 435
CITY-ST-ZIP NORTH PALM BEACH FL 33408TITLE ☒ DELETENAME D
BUDERMAN, ESTHER Z
STREET ADDRESS 400 AUSTRALIAN AVE S. SUITE 600
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ DELETENAME D
FARACH, MANUEL
STREET ADDRESS 218 DATURA STREET, THIRD FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ DELETENAME D
FRANKS, RAE
STREET ADDRESS 700 N. OVIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ DELETENAME D
CESTEROS, JORGE
STREET ADDRESS 1800 AUSTRALIAN AVE S. SUITE 203
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ DELETENAME DP
DIAZ, EDDIE
STREET ADDRESS 625 N FLAGLER DR, STE 700
CITY-ST-ZIP WEST PALM BEACH FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Date

561-833-2000

Daytime Phone #

0039983

CR2E037 (11/98)