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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N43211

(4)

FILED
Apr 07 1997 8:00am
Secretary of State

1. Corporation Name HISPANIC AMERICAN ALLIANCE, INC. Principal Place of Business Mailing Address 2274 E MAIN ST SARASOTA FL 34236 US 46 NORTH WASHINGTON BOULEVARD. #1 SARASOTA FL 34238-5977 US					
J0		00		3. Date Incorporated or Qualified 05/01/1991	3a. Date of Last Report 04/26/1996
_ ,	lace of Business	2a. Mailing Address		4. FEI Number 65-0259106	Applied Fo
Suite, Apt	N. LiMe Ave.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applications \$8.75 Additions
2 Charle State		City & State			Fee Required
City & State 3 Sar	asota, Flo p ida	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 342:	Country	Zip	Country 30	8. This corporation has liability for	
1	9. Name and Address of Curren		[30]	10. Name and Address of New Re	
		- <u> </u>	81 Name		
46 NOR	son, John Th Washington Boulevard, Ota Fl 34236	<i>§</i> 1	82 Street Add	dress (P.O. Box Number is Not Acceptate	as Zio Code
			- ,		FL T
			tutionzed by the corport	ation's board of directors. I hereby acces	ol the appointment as registere
SIGNATURE _	of familiar with, and accept the obligation of t	nt and title if applicable (NOT)	E: Registered Agent signature required. 13.	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating. ADDITIONS/CHANGES TO OFFICE	DATE
SIGNATURE	Signature, typeid or printed name of registered age	nt and title if applicable (NOT)	E. Registered Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS AND DVP BIDELMAN, PATRICK DR	nt and title if applicable (NOTI	E. Registered Agent signature requ	uted when reinstating) ADDITIONS/CHANGES TO OFFIC director	DATE DERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(4). 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

JULIANUE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

Davtime Phone # nns1241

CR2E037 (9/9