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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43211** (4)
1. Corporation Name
HISPANIC AMERICAN ALLIANCE, INC.

Principal Place of Business 2274 E MAIN ST SARASOTA FL 34236 US	Mailing Address 46 NORTH WASHINGTON BOULEVARD, #1 SARASOTA FL 34236-5977 US
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2. Principal Place of Business 21 731 N. Lime Ave.		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/01/1991	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0259106	Applied For Not Applicable
City & State 23 Sarasota, Florida		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34237	Country 25 Sarasota	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD, #1 SARASOTA FL 34236				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		FL		85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIDELMAN, PATRICK DR	1.2 NAME	Amy Manick
STREET ADDRESS	930 DARTMOOR CIRCLE	1.3 STREET ADDRESS	1772 Riviera Circle
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPKIN, HARRY HON	2.2 NAME	Terresa Marra, Esquire
STREET ADDRESS	2071 RINGLING BLVD., CRIMINAL JUST. BLDG	2.3 STREET ADDRESS	800 S. Osprey Ave.
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	EP <input type="checkbox"/> DELETE	3.1 TITLE	director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTRAN-HALSTEAD, YOLANDO	3.2 NAME	Honorable Gene Pillot
STREET ADDRESS	2276 MAIN STREET	3.3 STREET ADDRESS	1212 Hillview Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEENER, CAROLA	4.2 NAME	Linda L. Thornton
STREET ADDRESS	3920 BEE RIDGE ROAD, BLDG. A, SUITE C	4.3 STREET ADDRESS	6703 Midnight Pass rd. #210
CITY-ST-ZIP	SARASOTA FL 34233	4.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JORGE	5.2 NAME	
STREET ADDRESS	1777 MAIN STREET, 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONNELL, SUSAN	6.2 NAME	
STREET ADDRESS	7632 ALICIA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Yolanda Beltran-Halstead* 4-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061241

CR2E037 (9/96)