

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**731 N LIME AVE
SARASOTA FL 34237
US**

**46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA FL 34236
US**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/01/1991	
4. FEI Number 65-0259106		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD, #1 SARASOTA FL 34236			
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 D <input type="checkbox"/> DELETE NAME MANICK, AMY STREET ADDRESS 1772 RIVIERA CIRCLE CITY-ST-ZIP SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1212 Hillview Dr Sarasota FL 34239 Gene Pilot Frederick Wernicke 920 Manatee Ave West Bradenton, FL 34205 Justin Bloom 1910 Manatee Ave West Bradenton FL 34205 George Cristasabat Republic Bank N/A Sarasota FL 34236 9000024944 -04/21/98--01011--014 ***70.00	
TITLE D <input checked="" type="checkbox"/> DELETE NAME MARRA, TERRESA E STREET ADDRESS 800 S OSPREY AVE CITY-ST-ZIP SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE EP <input type="checkbox"/> DELETE NAME BETTRAN-HALSTEAD, YOLANDO STREET ADDRESS 2276 MAIN STREET CITY-ST-ZIP SARASOTA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME FLEENER, CAROLA Pres. STREET ADDRESS 3920 BEE RIDGE ROAD, BLDG. A, SUITE C CITY-ST-ZIP SARASOTA FL 34233	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME FERNANDEZ, JORGE Chair STREET ADDRESS 1777 MAIN STREET, 6TH FLOOR CITY-ST-ZIP SARASOTA FL 34236	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME THORNTON, LINDA L. STREET ADDRESS 6703 MIDNIGHT PASS RD., #210 CITY-ST-ZIP SARASOTA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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.

SIGNATURE:

Yolanda Beltran-Halstead

FAX: 365-0733
4-16-98 941 366 1130

CR2E037 (10/97)