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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43211

1. Corporation Name

HISPANIC AMERICAN ALLIANCE, INC.

Principal Place of Business

731 N LIME AVE
SARASOTA FL 34237
US

Mailing Address

46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA FL 34236
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/01/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0259106

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD, #1
SARASOTA FL 34236

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 ☐ DELETE
NAME **D**
STREET ADDRESS **MANICK, AMY**
CITY-ST-ZIP **1772 RIVIERA CIRCLE**
SARASOTA FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **George Aristazabel**
1.4 CITY-ST-ZIP **1526 Ewing St.**
Nokomis, FL 32475

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BLOOM, JUSTIN**
CITY-ST-ZIP **1910 MANATEE AVE. W-**
BRADENTON FL 34205

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Gene Pillot**
2.3 STREET ADDRESS **1212 Hillview Drive**
2.4 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ DELETE
NAME **EP**
STREET ADDRESS **BETTRAN-HALSTEAD, YOLANDO**
CITY-ST-ZIP **2276 MAIN STREET**
SARASOTA FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Frederck J. Wernicke,**
3.4 CITY-ST-ZIP **2071 Ringling Blvd.**
Sarasota, FL 34237

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FLEENER, CAROLA**
CITY-ST-ZIP **3920 BEE RIDGE ROAD, BLDG. A, SUITE C**
SARASOTA FL 34233

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Sara Hernandez**
4.4 CITY-ST-ZIP **2239 Ixora Ave.**
Sarasota, FL 34234

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **FERNANDEZ, JORGE**
CITY-ST-ZIP **1777 MAIN STREET, 6TH FLOOR**
SARASOTA FL 34236

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **THORNTON, LINDA L.**
CITY-ST-ZIP **6703 MIDNIGHT PASS RD., #210**
SARASOTA FL

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:

Yolanda Beltran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 3661130
Date Daytime Phone #

CR2F037 (11/98)