

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 DEC 19 AM 10:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N44975 (3)  
 1. Corporation Name  
 HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC



REINSTATEMENT 97

Principal Place of Business Mailing Address

390 N ORANGE AVENUE SUITE 1285 ORLANDO FL 32801

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 P.O. Box 1446	26 P.O. Box 1446	09/04/1991	05/01/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Orlando FL	28 Orlando FL	59-3086401	Not Applicable
24 Zip 32802	29 Zip 32802	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURRUEZO, CARLOS J. 390 N ORANGE AVENUE SUITE 1285 ORLANDO FL 32801	81 Name Teodoro Marrero, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH ORANGE AVE., SUITE 304 83 84 City ORLANDO FL 85 Zip Code 32801

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]* TREASURER DATE 2 Dec 1997

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIOL, ALEJANDRO	1.2 NAME	Carlos Torres
STREET ADDRESS	20 W ORANGE AVE STE 1600	1.3 STREET ADDRESS	22 W. Lake Beauty Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando 32806
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	David De Armas, President-Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUFFANT, JAMES	2.2 NAME	225 E. Robinson St., Suite 505
STREET ADDRESS	2514 EAST JACKSON STREET	2.3 STREET ADDRESS	ORLANDO FL 32801
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLESSING, CECILE	3.2 NAME	Maria Tejedor
STREET ADDRESS	209 E RIDGEWOOD STREET	3.3 STREET ADDRESS	111 N. Orange Ave, Suite
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, DAVID	4.2 NAME	Teodoro Marrero, Jr.
STREET ADDRESS	800 N MAGNOLIA AVENUE	4.3 STREET ADDRESS	1 SOUTH ORANGE AVE, SUITE 304
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32802
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAJUANA, SUSAN	5.2 NAME	800002380468--7
STREET ADDRESS	250 N ORANGE AVENUE	5.3 STREET ADDRESS	-12/23/97--01061--001
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	****175.00 ****175.00
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRUEZO, CARLOS	6.2 NAME	800002380468--7
STREET ADDRESS	390 N ORANGE AVE STE 1285	6.3 STREET ADDRESS	-12/23/97--01061--002
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	*****61.25 *****61.25

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 *[Signature]* DATE 2 Dec 1997

CP2E037 (4/97)