## FILE NOW: FILING FEE IS \$61.25

FILED Mar 23 1998 8:00am **NONPROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (3)HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC Principal Place of Business Mailing Address P.O. BOX 1446 P.O. BOX 1446 3. Date Incorporated or Qualified ORLANDO FL 32802 ORLANDO FL 32802 09/04/1991 4. FEI Number Applied For 59-3086401 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ANO 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARRERO, TEODORO JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH ORANGE AVENUE 83 SUITE 304 ORLANDO FL 32801 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE TORRES, CARLOS NAME 1.2 NAME 22 W. LAKE BEAUTY DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DEARMAS, DAVID 2.2 NAME NAME 225 E. ROBINSON STREET, SUITE 505 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TEJEDOR, MARIA NAME 3.2 NAME 111 N. ORANGE AVENUE, SUITE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 3.4. City-St-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE MARRERO, TEODORE JR. NAME 4.2 NAME 1 SOUTH ORANGE AVENUE, SUITE 304 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32802 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

CITY-ST-ZIP 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 or product that my name address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME

Change

Addition