## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N46368 DOCUMENT #
1. Corporation Name

(9)

HISPANIC BUSINESS INITIATIVE FUND, INC.

1		110, 110-					
Principal Place	of Business	Mailing Address			T I BRITILET OUR BIOND ORIGEO (ALIA: ALIA	4 1411 97811 BIBIT BIBIT BIBIT	DA DEDIL IEDA
412 SO: HOWARD AVE: STE.5 TAMPA FL 33606		412 SO. HOWARD AVE. STE.5 TAMPA FL 33606					
US		US			3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last R 10/09/199	eport <b>35</b>
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-3130876	<del></del>	oplied For ot Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional equired
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip <b>24</b>	Country Zip 25 29 30		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9 Name and Address of Current		1001		10. Name and Address of New		-
			81	Name		_ <del>-</del>	
COHN, VANESSA N. 705 SOUTH AZEELE STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA F			83				
			84	City		FL 85 Zip	Code
or register	to the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and accept the obligations of, Section	Such change was author	orized by the com	named corpo oration's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its re- pointment as registered a	gistered office agent. I am
SIGITATIONE .	Signature, typed or printed name of registered agent a	or title if applicable	(NOTE Registered Age	t signature require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES 10 OF		
TITLE	P	DEFELE	1 1 THILE	•	P/C	XX Change	☐ Addition
NAME	ROIG, RICARDO		1.2 NAME		•		
STREET ADDRESS	ONE CITY CENTER, STE. 2600		1.3 STREET	ADDRESS			
CITY - ST - ZIP	TAMPA FL 33602		1.4 CITY - S			····	
TITLE	VP	Defete	2 1 TITLE	V	IP/D	<b>M</b> Change	Addition
NAME	COHN, VANESSA		2.2 NAME	_	ne c. 11 Annal	0	
STREET ADDRESS	P.O. BOX 3424 N/A		2 3 STREET	ADDRESS	TOS SOUTH I CEDI.	D	
CITY-ST-ZIP	TAMPA FL 33601-3424	Financia	2 4 CITY-	ST · ZIP	05 South Azeel. Tempe FL	T Character	T Addition
TITLE	PETANCOURT CUILLEONO	DEFEIE	3 1 TITLE		/ D	Change	☐ Addition
NAME	BETANCOURT, GUILLERMO 4309 GINGER COVE DRIVE		3 2 NAME	+000000			
STREET ADDRESS	TAMPA FL 33624		3 3 STREET				
CrTY-ST-Z:P TrTLE	SD SD	DELETE	34 CITY- 41 TITLE		cla	☐ Change	Addition
	SUAREZ, ED	<u> Au</u>	4 2 NAME	7	Sipiela Perez		<del></del>
NAME DINKET ADDRESS	1408 N. WESTSHORE, STE. 10	00		ADDOCCC C	The part (idea)	ienter Ste. 2	400
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33607	<b></b>	4.4 C(TY-5	7 7/D	Tampa, FL 3360	12	
TITLE	D	DELETE	5 1 TITLE	51 · ZIF	1 229	Change	Addition
NAME	PICARD, IRENE		5.2 NAME				_
STREET ADDRESS	4400 W. MLK		5 3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614		5.4 CITY - 5				
TITLE	VPO	DELETE	6.1 TIFLE		3	Change	Addition
NAME	COHN, VANESSA N		6.2 NAME	ا ا	Tennifer Saquedra 1 1801A Rio Vista	1_	
STREET ADDRESS	705 SOUTH AZEELE			ADDRESS 4	1901A Rio Vista	<i>c</i> ·	
CITY - ST - ZIP	TAMPA FL		6.4 CITY-5	ST-ZIP 7	range FL 33684		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Presided (Culto)

221-2626 Daytme Phone #