

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1998 8:00am³
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 # **N46368** (9)

1. Corporation Name

HISPANIC BUSINESS INITIATIVE FUND, INC.



Principal Place of Business	Mailing Address
412 SO. HOWARD AVE. STE-5 TAMPA FL 33606 US	412 SO. HOWARD AVE. STE-5 TAMPA FL 33606 US

3. Date Incorporated or Qualified 11/20/1991	
4. FEI Number 59-3130876	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> NO \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> NO	
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COHN, VANESSA N. 705 SOUTH AZEELE STREET TAMPA FL 33606	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	SD
NAME	ROIG, RICARDO	1.2 NAME	Frank Fernandez
STREET ADDRESS	ONE CITY CENTER, STE. 2600	1.3 STREET ADDRESS	2403 State St.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	D	2.1 TITLE	TD
NAME	COHN, VANESSA	2.2 NAME	Jesus Leon
STREET ADDRESS	705 SOUTH AZEELE	2.3 STREET ADDRESS	3315 W. Horatio St #113
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	SD	3.1 TITLE	SD
NAME	PEREZ, MARIELA	3.2 NAME	Santos Rodriguez
STREET ADDRESS	ONE TAMPA CITY CENTER SUITE 2400	3.3 STREET ADDRESS	2105 N. Nebraska
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33602
TITLE	SD	4.1 TITLE	D
NAME	SAAVEDRA, JENNIFER	4.2 NAME	Frank Arroyo
STREET ADDRESS	1001A RIO VISTA DRIVE 505 N. Rome Ave	4.3 STREET ADDRESS	13575 58th St
CITY-ST-ZIP	TAMPA FL 33606	4.4 CITY-ST-ZIP	Clearwater FL 34620
TITLE		5.1 TITLE	Steve Batcheller
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	4202 E. Fowler Ave, ADM 185
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33620-5900
TITLE		6.1 TITLE	Tony Morejon
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	64 E. Kennedy Blvd. 17th FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa FL 33602

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: _____ 9/2/98 813 221 2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/98)