

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 031 ****61.25

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DOCUMENT # N46368

1. Corporation Name

HISPANIC BUSINESS INITIATIVE FUND, INC.

Principal Place of Business

412 SO. HOWARD AVE.
STE.5
TAMPA FL 33606
US

Mailing Address

412 SO. HOWARD AVE.
STE.5
TAMPA FL 33606
US



2. Principal Place of Business

21 **2105 N. Nebraska Ave**

2a. Mailing Address

26 **same**

3. Date Incorporated or Qualified

11/20/1991

Suite, Apt. #, etc.

22 **2d Floor**

Suite, Apt. #, etc.

27

4. FEI Number

59-3130876

Applied For

Not Applicable

City & State

23 **Tampa, FL**

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 **33602-2558**

Country

25 **USA**

Zip

29

Country

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COHN, VANESSA N.
705 SOUTH AZEELE STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

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

TITLE **PC** ☐ DELETE

NAME **ROIG, RICARDO**

STREET ADDRESS **ONE CITY CENTER, STE. 2600**

CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE

NAME **FERNANDEZ, FRANK**

STREET ADDRESS **2403 STATE ST**

CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ DELETE

NAME **PEREZ, MARIELA**

STREET ADDRESS **ONE TAMPA CITY CENTER SUITE 2400**

CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **SAAVEDRA, JENNIFER**

STREET ADDRESS **505 N ROME AVE**

CITY-ST-ZIP **TAMPA FL 33606**

TITLE **TD** ☒ DELETE

NAME **LEON, JESUS**

STREET ADDRESS **3315 W HORATIO ST #113**

CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, SANTOS**

STREET ADDRESS **2105 N NEBRASKA**

CITY-ST-ZIP **TAMPA FL 33602**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

M-EXECUTIVE DIRECTOR
ROSA G. VILLALONGA
3007 AILEEN ST.
TAMPA FL 33607

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

J.P.
Daniel Langelier

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

President 1/19/99 813221226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)