FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48404 (0)

1. Corporation Name

THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINISTRY, INC.

Principal Place of Business	Mailing Address
2900 S.W. 57TH AVENUE MIAMI FL 33165	7700 S.W. 56 STREET MIAMI FL 33155-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0342122 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7700 S.W. 56th Street	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State
24 Zip: 33155 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

VIZCAINO, MARIO, SCH. P.
2900 S.W. 87TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7700 S.W. 56th Street
83
84 City: Miami FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DECK, ALLAN FIGUEROA, SJ	1.2 NAME	Cervantes, Carmen M.	
STREET ADDRESS	1735 LEROY AVE	1.3 STREET ADDRESS	1737 W. Benjamin Holt Dr.	
CITY-ST-ZIP	BERKELEY CA	1.4 CITY-ST-ZIP	Stockton, CA 95207	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	LUCERO, ESTHER	2.2 NAME	Vizcaino, Mario, Sch.P.	
STREET ADDRESS	910 MARION ST	2.3 STREET ADDRESS	7700 S.W. 56th Street	
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	VILAR, JUAN DIAZ, SJ	3.2 NAME	Herrera, Stella	
STREET ADDRESS	3850 KENNEDY BLVD.	3.3 STREET ADDRESS	1232 George Street	
CITY-ST-ZIP	JERSEY CITY NY	3.4 CITY-ST-ZIP	Plainfield, NJ 07062	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	VIZCAINO, MARIO, SCH P	4.2 NAME	Menocal, Lydia	
STREET ADDRESS	7700 S.W. 56 ST	4.3 STREET ADDRESS	7700 S.W. 56th Street	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	CERVANTE, CARMEN	5.2 NAME	Jimenez, Roberto, CSC	
STREET ADDRESS	1737 W. BENJAMIN HOLT	5.3 STREET ADDRESS	3001 S. Congress No. 1044	
CITY-ST-ZIP	STOCKTON CA	5.4 CITY-ST-ZIP	Austin, TX 78704	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PINA, ROBERTO	6.2 NAME		
STREET ADDRESS	3019 W FRENCH	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP		

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)(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: X Rev. Mario Vizcaino, Sch. P. / Mario Vizcaino, Sch. P. / Feb. 24, 1995 / (305) 279-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6043150