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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N48404 (0)

1. Corporation Name

THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINIS
TRY, INC.

Principal Place of Business

7700 SW 56TH STREET
MIAMI FL 33155
US

Mailing Address

7700 SW 56TH STREET
MIAMI FL 33155-4303
US



3. Date Incorporated or Qualified
04/16/1992

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0342122

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIZCAINO, MARIO, SCH. P.
7700 SE 56TH STREET
MIAMI FL 33155

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CERVANTES, CARMEN M	
STREET ADDRESS	1737 W BENJAMIN HOLT DR	
CITY-ST-ZIP	STOCKTON CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIZCAINO, MARIO S	
STREET ADDRESS	7700 SW 56TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, STELLA	
STREET ADDRESS	1232 GEORGE STREET	
CITY-ST-ZIP	PLAINFIELD NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MENOCAL, LYDIA	
STREET ADDRESS	7700 SW 56TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMENEZ, ROBERTO C	
STREET ADDRESS	3001 S CONGRESS NO. 1046	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PINA, ROBERTO	
STREET ADDRESS	3019 W FRENCH	
CITY-ST-ZIP	SAN ANTONIO TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spine, William
3.3 STREET ADDRESS	6525 N. SHERIDAN ROAD
3.4 CITY-ST-ZIP	CHICAGO, IL. 60626
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HERRERA, STELLA
6.3 STREET ADDRESS	1232 GEORGE STREET
6.4 CITY-ST-ZIP	PLAINFIELD, NJ

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE:

Lydia Menocal, Treasurer

1/15/97 (305) 279-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031215

CR2E037 (9/96)