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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90035 035 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N48404</b>					
1. Corporation Name <b>THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINISTRY, INC.</b>					
Principal Place of Business 7700 SW 56TH STREET MIAMI FL 33155 US			Mailing Address 7700 SW 56TH STREET MIAMI FL 33155 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0342122	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
25		30			

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			
				85 Zip Code			
				FL			

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		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CERVANTES, CARMEN M			1.2 NAME			
STREET ADDRESS	1737 W BENJAMIN HOLT DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	STOCKTON CA			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, KENNETH			2.2 NAME			
STREET ADDRESS	1000 E MAPLE AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MUNDELEIN IL 60060			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SPINE, WILLIAM			3.2 NAME			
STREET ADDRESS	6525 N. SHERIDAN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MENOCAL, LYDIA			4.2 NAME			
STREET ADDRESS	7700 SW 56TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JIMENEZ, ROBERTO C			5.2 NAME			
STREET ADDRESS	3001 S CONGRESS NO. 1046			5.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERRERA, STELLA			6.2 NAME			
STREET ADDRESS	1232 GEORGE STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	PLAINFIELD NJ			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Jose Gomez (Treasurer) 2/8/99 (713) 795-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)