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May 09 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 # N51416 (8)

1. Corporation Name

HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATIO
N

Principal Place of Business

Mailing Address

13335 S.W. 42ND ST
MIAMI FL 33175

P.O. BOX 654503
MIAMI FL 33265-4503



3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
10/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0365023

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

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

POMAR, ARMANDO V.
13335 S.W. 42ND ST
MIAMI FL 33175

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 CPD
NAME POMAR, ARMANDO V
STREET ADDRESS 1782 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33135

DELETE

TITLE TD
NAME BREMER, JOSEPH
STREET ADDRESS 1814 SW 1ST ST
CITY-ST-ZIP MIAMI FL 33135

DELETE

TITLE D
NAME ARGUELLO-SANCHEZ, JOSE E
STREET ADDRESS 351 NW LEJEUNE RD STE 105
CITY-ST-ZIP MIAMI FL 33126

DELETE

TITLE D
NAME BORYS, DAVID
STREET ADDRESS 10737 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33174

DELETE

TITLE D
NAME LEAL, ALEIDA
STREET ADDRESS C/O WQBA 2828 CORAL WAY
CITY-ST-ZIP MIAMI FL

DELETE

TITLE D
NAME FLORES-VILAR, LUIS J
STREET ADDRESS CONDOMINIO PARQUE DE LAS FUENTES, APT. 108
CITY-ST-ZIP HATO REY PR 00918

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

Director
Brown, Clinton E.
20120 Highland Lakes Blvd.
North Miami Beach, FL 33179

Director
PASTORA, HECTOR DAVID
8820 SW. 123 CT. (L-107)
MIAMI FL 33186

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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 4/29/97 (205) 261-4534

CR2E037 (9/96)