SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N-51416

1. Corporation Name
HISPANIC AMERICAN DIABETES Foundation, Corporation.

Principal Place of Business	Mailing Address
1614 SW. 1st St. Miami, Fl. 33135	P.O. Box 654503 Miami, Fl. 33265-4503

3. Date Incorporated or Qualified: 10/22/1992

4. FEI Number: 65-0365023 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1614 SW. 1st St.	26 P.O. Box 654503
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33135 25 Country: USA	29 Zip: 33265 30 Country: USA

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARMANDO V. POMAR 1614 SW. 1st St. Miami, Fl. 33135	81 Name: Ø 000002860480 82 Street Address (P.O. Box Number is Not Acceptable): Ø ***70.00 83 Ø 84 City: Ø FL 85 Zip Code: Ø

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: ARMANDO V. POMAR, (C)(D) Oct 1st 1998
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 D NAME: THOMPSON SANDRA ☒ DELETE STREET ADDRESS: 15800 NW. 42 Ave. (C/o. FMC) CITY-ST-ZIP: Miami, Fl. 33054-6199	1.1 TITLE D/S ☐ Change ☒ Addition 1.2 NAME: MARTHA C. POMAR 1.3 STREET ADDRESS: 1614 SW. 1st St. 1.4 CITY-ST-ZIP: Miami, Fl. 33135
TITLE D NAME: ADAMS, JohnnieC ☒ DELETE STREET ADDRESS: 15800 NW. 42 Ave (C/o FMC) CITY-ST-ZIP: Miami, Fl. 33054-6199	2.1 TITLE D ☐ Change ☐ Addition 2.2 NAME: FRANCISCO VARGAS 2.3 STREET ADDRESS: 1614 SW. 1st St. 2.4 CITY-ST-ZIP: Miami, Fl. 33135
TITLE D NAME: BORYS DAVID ☒ DELETE STREET ADDRESS: 10737 W. Flagler St CITY-ST-ZIP: Miami, Fl. 33174	3.1 TITLE D ☐ Change ☐ Addition 3.2 NAME: ALEIDA LEAL c/o WQBA. 3.3 STREET ADDRESS: 2828 Coral Way 3.4 CITY-ST-ZIP: Miami, Fl.
TITLE C/P/D NAME: ARMANDO V. POMAR ☐ DELETE STREET ADDRESS: 1614 SW. 1st St CITY-ST-ZIP: Miami, Fl. 33135	4.1 TITLE D ☐ Change ☐ Addition 4.2 NAME: JOSE E. SANCHEZ-ARGUELLO 4.3 STREET ADDRESS: 351 NW LeJeune Rd (105) 4.4 CITY-ST-ZIP: Miami, Fl. 33126
TITLE T/D NAME: JOSEPH BREMER ☐ DELETE STREET ADDRESS: 1614 SW. 1st St CITY-ST-ZIP: Miami, Fl. 33135	5.1 TITLE D ☐ Change ☐ Addition 5.2 NAME: Gonzalez, Elizabeth. 5.3 STREET ADDRESS: 1614 S.W. 1st St. 5.4 CITY-ST-ZIP: Miami, Fl. 33135 10/7
TITLE D NAME: Luis J. FLORES-VILAR ☐ DELETE STREET ADDRESS: Condominio Parque de las Fuentes Apt 1108 CITY-ST-ZIP: Hato Rey P.R. 00918	6.1 TITLE D ☐ Change ☐ Addition 6.2 NAME: Osvaldo ARTIDIELLO 6.3 STREET ADDRESS: 1614 SW. 1st St. 6.4 CITY-ST-ZIP: Miami, Fl. 33135

CR2E037 (5/98)

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.

SIGNATURE: ARMANDO V. POMAR 10/01/98 (305) 261-5348