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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51416**

1. Corporation Name
HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATIO N

Principal Place of Business
~~1614 S.W. 1ST STREET~~ 1614 SW 1st St.
MIAMI FL 33135 Miami, Fl, 33135

Mailing Address
P.O. BOX 654503
MIAMI FL 33265

2. Principal Place of Business
21 1614 SW. 1st St
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL. USA
Zip 24 33135 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
10/22/1992

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

5. Certificate of Status Desired - - X - - - **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ Trust Fund Contribution **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POMAR, ARMANDO V.
1614 S.W. 1ST STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

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 Armando V. Pomar 4/14/99
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	☐ DELETE	1.1 TITLE	C.P.D	☒ Change ☐ Addition of address
NAME	POMAR, ARMANDO V		1.2 NAME	POMAR, ARMANDO V.	
STREET ADDRESS	~~4792 W. FLAGLER ST~~ 948 SW. 82 Ave.		1.3 STREET ADDRESS	948 SW. 82 Ave	
CITY-ST-ZIP	MIAMI FL 33135 Miami, Fl. 33144		1.4 CITY-ST-ZIP	Miami, Fl. 33144	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREMER, JOSEPH		2.2 NAME		
STREET ADDRESS	1614 SW 1ST ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARGUELLO-SANCHEZ, JOSE E		3.2 NAME		
STREET ADDRESS	351 NW LEJEUNE RD STE 105		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POMAR, MARTHA C		4.2 NAME		
STREET ADDRESS	1614 S.W. 1ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEAL, ALEIDA		5.2 NAME		
STREET ADDRESS	C/O WOBA 2828 CORAL WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLORES-VILAR, LUIS J		6.2 NAME		
STREET ADDRESS	CONDOMINIO PARQUE DE LAS FUENTES, APT. 108		6.3 STREET ADDRESS		
CITY-ST-ZIP	HATO REY PR 00918		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/14/99 (305) 261-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARMANDO V. POMAR (305) 212-8811
CEO & Chairman