

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90012 042 ****70.00

DOCUMENT # N51416 1. Entity Name HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATION					
Principal Place of Business 900 SW 1ST STREET STE 300 MIAMI, FL 33130			Mailing Address P.O. BOX 654503 MIAMI, FL 33265		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0365023				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POMAR, ARMANDO V. 7100 SW 99TH AVE STE 104 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and not applicable.</small>		ARMANDO V. POMAR 9/27/2004. <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMAR, ARMANDO V		NAME	D/MALLORY A. POMAR	
STREET ADDRESS	7100 SW 99TH AVE STE 104		STREET ADDRESS	7100 SW. 99TH AVE. (#104)	
CITY - ST - ZIP	MIAMI, FL 33173		CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPINOSA, ROLANDO		NAME	D/CARLOS D. CARBONELL M.D.	
STREET ADDRESS	130 SW 32 AVE		STREET ADDRESS	510 CUPPLES. RD.	
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP	SAN ANTONIO, TX. 78237-	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	GUTIERREZ, FELIPE		NAME		
STREET ADDRESS	10863 SW 88 ST APT 447		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	OSSCO, ANGEL		NAME		
STREET ADDRESS	9040 SW 97 AVE APT 6		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	ALVA, JULIO		NAME		
STREET ADDRESS	2441 SW 142 PL		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	DE LA LUZ, ANTONIO		NAME		
STREET ADDRESS	14622 SW 52 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ARMANDO V. POMAR 9/27/2004 (786) 285-4090 <small>DATE Daytime Phone #</small>		

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09272004 Chg-NP CR2E037 (10/03)