2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2005
Secretary of State

DOCUMENT# N51416

Entity Name: HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATION

Current Principal Place of Business:

900 SW 1ST STREET
STE 300
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 654503
MIAMI, FL 33265

New Mailing Address:

FEI Number: 65-0365023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POMAR, ARMANDO V.
7100 SW 99TH AVE
STE 104
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARMANDO POMAR
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: POMAR, ARMANDO V
Address: 7100 SW 99TH AVE STE 104
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: ESPINOSA, ROLANDO
Address: 130 SW 32 AVE
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: POMAR, MALLORY A
Address: 7100 SW 99TH AVE (#104)
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: OSSCO, ANGEL
Address: 9040 SW 97 AVE APT 6
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: ALVA, JULIO
Address: 2441 SW 142 PL
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete
Name: DE LA LUZ, ANTONIO
Address: 14622 SW 52 STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ALVA, JULIO
Address: 2441 SW 142 PL
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ESPINOSA, ROLANDO
Address: 130 SW 32 AVE
City-St-Zip: MIAMI, FL 33135

Title: D (X) Change ( ) Addition
Name: OSSCO, ANGEL
Address: 9040 SW 97 AVE APT 6
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO ALVA TD 09/21/2005
Electronic Signature of Signing Officer or Director — Date