2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2008
Secretary of State

DOCUMENT# N51416

Entity Name: HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATION

Current Principal Place of Business:

2001 BAY DRIVE
MIAMI, FL 33141

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.
2001 BAY DRIVE
MIAMI, FL 33141 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:	2001 BAY DRIVE	
City-St-Zip:	MIAMI, FL 33141	
Title:	TD	( ) Delete
Name:	CHAVEZ, ORLANDO	
Address:	481 N.W. 31 AVE.	
City-St-Zip:	MIAMI, FL 33125	
Title:	VPD	( ) Delete
Name:	POMAR, MALLORY A	
Address:	2001 BAY DRIVE	
City-St-Zip:	MIAMI, FL 33141	
Title:	VPD	( ) Delete
Name:	ABREU, MARTHA C	
Address:	2001 BAY DRIVE	
City-St-Zip:	MIAMI, FL 33141	
Title:	SD	( ) Delete
Name:	OSSCO, ANGEL	
Address:	9040 SW 97 AVE APT 6	
City-St-Zip:	MIAMI, FL 33176	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARMANDO POMAR PRES 10/09/2008
Electronic Signature of Signing Officer or Director — Date