

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000376 (5)

1. Corporation Name

COLLEGE HISPANIC COUNCIL, INC.

Principal Place of Business

250 BIRD RD
SUITE 102
CORAL GABLES FL 33146

Mailing Address

250 BIRD RD
SUITE 102
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

MANUEL J. MARI, P.A.
250 BIRD RD
SUITE 102
CORAL GABLES FL 33134

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0372820

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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

Signature typed or printed (Name of registered agent not filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CIERESZKO, ANA

STREET ADDRESS

7550 SW 61 ST

CITY - ST - ZIP

MIAMI FL 33143

☐ DELETE

TITLE

D

NAME

MONTOYA, ROLANDO

STREET ADDRESS

8841 SW 87 ST

CITY - ST - ZIP

MIAMI FL 33173

☐ DELETE

TITLE

D

NAME

MARI, MARIA C

STREET ADDRESS

7800 SW 79 TERR

CITY - ST - ZIP

MIAMI FL

☐ DELETE

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
Date

305/237-7409
Daytime Phone #

CR2E037 (12/95)