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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N92000000448 (2)**

1. Corporation Name

HISPANIC NEEDS & SERVICES COUNCIL, INC.

Principal Place of Business	Mailing Address
2700 NORTH MCDILL AVENUE SUITE 108 TAMPA FL 33607 US	2700 NORTH MCDILL AVENUE SUITE 108 TAMPA FL 33607-2272 US

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: Suite 104
Suite, Apt. #, etc. — 27: Suite 104

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3198934 ☐ 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

9. **Name and Address of Current Registered Agent**

PARRINO, LORRAINE S
2700 NORTH MCDILL AVENUE
SUITE 108
TAMPA FL 33607

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 104
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALFARAS, RUBEN		1.2 NAME		
STREET ADDRESS	2713 W. WOODLAWN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DURAN, MANUEL		2.2 NAME	Laboy, Johanne	
STREET ADDRESS	8214 W. RIDGE DRIVE		2.3 STREET ADDRESS	1000 N. Ashley Dr., Ste. 700	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MATILDA		3.2 NAME		
STREET ADDRESS	714 S. LOIS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME			4.2 NAME	Parrino Lorraine S.	
STREET ADDRESS			4.3 STREET ADDRESS	2700 N. MacDill Avenue, Ste 104	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Ruben Alfaras VD — 1/9/97 — (813)287-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047457