


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 27 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001179 (1)**  
 1. Corporation Name  
**ALLIANCE OF HISPANICS OF THE SPACE COAST, INC.**



Principal Place of Business <b>P.O. BOX 61527 PALM BAY FL 32906-1527 US</b>	Mailing Address <b>P.O. BOX 61527 PALM BAY FL 32906-1527 US</b>
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3. Date Incorporated or Qualified <b>03/05/1993</b>	3a. Date of Last Report <b>07/02/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	27. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	28. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	29. Mailing Address Suite, Apt. #, etc. City & State Zip	30. Principal Place of Business Suite, Apt. #, etc. City & State Zip	30. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-3178045</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**MARRERO, JUAN  
8760 BABCOCK  
MELBOURNE FL 32909**

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

81. Name <b>MONICA BEST</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>3039 PEMBROOKE RD.</b>	
83. City <b>Titusville</b>	
84. State <b>FL</b>	85. Zip Code <b>32796</b>

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 *Monica Best* DATE **4/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>ENRIQUE, GUEVARA</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President / D</b>
NAME	<b>505 JUNE AVE NE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>PALM BAY FL</b>		1.2 NAME <b>MONICA BEST</b>
CITY-ST-ZIP			1.3 STREET ADDRESS <b>3039 PEMBROOKE RD</b>
TITLE <b>SD</b>	<b>AYLMER, NORMA</b>	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>TITUSVILLE FL 32796</b>
NAME	<b>907 PROSPERITY PL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>ROCKLEDGE FL</b>		2.1 TITLE <b>SECRETARY / D</b>
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>VEGAS, JUSTINA</b>	<input type="checkbox"/> DELETE	2.2 NAME <b>CARMEN MORALES</b>
NAME	<b>270 VIN ROSE CIRCLE SE</b>		2.3 STREET ADDRESS <b>1183 HOMER ST, N.W.</b>
STREET ADDRESS	<b>PALM BAY FL</b>		2.4 CITY-ST-ZIP <b>PALM BAY FL 32907</b>
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	<b>MARRERO, CARMEN</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TREASURER / D</b>
NAME	<b>6790 BABCOCK ST SE</b>		3.2 NAME <b>NORMA AYLME</b>
STREET ADDRESS	<b>PALM BAY FL</b>		3.3 STREET ADDRESS <b>3120 WINCHESTER DR.</b>
CITY-ST-ZIP			3.4 CITY-ST-ZIP <b>COCOA FL 32926</b>
TITLE <b>D</b>	<b>MARRERO, JUAN</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6790 BABCOCK ST 5-E</b>		4.1 TITLE <b>VICE-PRESIDENT / D</b>
STREET ADDRESS	<b>PALM BAY FL</b>		4.2 NAME <b>LUISA O'LEAR</b>
CITY-ST-ZIP			4.3 STREET ADDRESS <b>716 orange CT</b>
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP <b>ROCKLEDGE, FL 32955</b>
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.1 TITLE <b>D</b>
CITY-ST-ZIP			5.2 NAME <b>FERNANDO ESPARZA</b>
			5.3 STREET ADDRESS <b>540 4th av.</b>
			5.4 CITY-ST-ZIP <b>SATELLITE BEACH, FL 32937</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

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.

CP2E037 (9/96)