

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:19

DOCUMENT # N93000003309 (2)

1. Corporation Name

HISPANIC HERITAGE SCHOLARSHIP FUND, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1993 3a. Date of Last Report 04/27/1994

4. FEI Number 65-0428542 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Principal Place of Business 4011 WEST FLAGLER STREET STE. 505 MIAMI FL 33134

Mailing Address 4011 WEST FLAGLER STREET STE. 505 MIAMI FL 33134

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

VAZQUEZ, ELOY
4011 WEST FLAGLER STREET
STE. 505
MIAMI FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VAZQUEZ, ELOY
STREET ADDRESS 4011 WEST FLAGLER STREET STE. 505
CITY-ST-ZIP MIAMI FL 33134

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WILLIAMS, MARIO
STREET ADDRESS 800 BRICKELL AVENUE STE. 600
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KELLY, TERENCE
STREET ADDRESS 11380 NORTHWEST 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33167

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME VOLSKY, GEORGE
STREET ADDRESS 1008 Alhambra Circle
CITY-ST-ZIP CORAL GABLES, FL 33134

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VOLSKY, GEORGE
4.3 STREET ADDRESS 1008 Alhambra Circle
4.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(4), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOY VAZQUEZ

1/20/95 (305) 541-5023

Date

Telephone Number