


FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # **N93000003309 (2)**

1. Corporation Name

**HISPANIC HERITAGE SCHOLARSHIP FUND, INC.**



Principal Place of Business <b>4011 WEST FLAGLER STREET STE. 505 MIAMI FL 33134</b>	Mailing Address <b>4011 WEST FLAGLER STREET STE. 505 MIAMI FL 33134-1643</b>
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3. Date Incorporated or Qualified <b>07/19/1993</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>65-0428542</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>4011 West Flagler St.</b> Suite, Apt. #, etc. 22 <b>Suite 204</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33134</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>4011 West Flagler St.</b> Suite, Apt. #, etc. 27 <b>Suite 204</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33134</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAZQUEZ, ELOY</b>	
STREET ADDRESS	<b>4011 WEST FLAGLER STREET STE. 505</b>	
CITY - ST - ZIP	<b>MIAMI FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LLANES, ARMANDO</b>	
STREET ADDRESS	<b>11862 SW 37 TERR</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, TERENCE</b>	
STREET ADDRESS	<b>11380 NORTHWEST 27TH AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLSKY, GEORGE</b>	
STREET ADDRESS	<b>1008 ALHAMBRA CIRCLE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Vazquez, Eloy</b>	
1.3 STREET ADDRESS	<b>4011 West Flagler Street, Suite 204</b>	
1.4 CITY - ST - ZIP	<b>Miami, FL 33134</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Kelly, Terence</b>	
3.3 STREET ADDRESS	<b>300 NE 2 Avenue</b>	
3.4 CITY - ST - ZIP	<b>Miami, FL 33132</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELOY VAZQUEZ - DIRECTOR 4/10/97 4/10/97**

Date

Daytime Phone # 0027209

CR2E037 (9/96)