FILE NOW: FILING FEE IS $61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT ... STATE
Sandra B. Mort... m
Secretary of Sta...
DIVISION OF CORPOR... TIONS

DOCUMENT # N93000003309 (2)

1. Corporation Name

HISPANIC HERITAGE SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
4011 WEST FLAGLER STREET STE #204 MIAMI FL 33134 US	4011 WEST FLAGLER STREET STE #204 MIAMI FL 33134 US

3. Date Incorporated or Qualified: 07/19/1993

4. FEI Number: 65-0428542 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 Suite 204
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

TITLE	D	☐ DELETE
NAME	VAZQUEZ, ELOY	
STREET ADDRESS	4011 WEST FLAGLER STREET, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	LLANES, ARMANDO	
STREET ADDRESS	11862 SW 37 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	KELLY, TERENCE	
STREET ADDRESS	300 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	VOLSKY, GEORGE	
STREET ADDRESS	1008 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Gonzalez Levy, Sandra	
2.3 STREET ADDRESS	300 NE 2 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33132	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Gerardo Simms	
3.3 STREET ADDRESS	99 NE 4 Street	
3.4 CITY-ST-ZIP	Miami, FL 33132	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: E. VAZQUEZ, EXECUTIVE DIRECTOR 2/5/98 (305) 541-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)