FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N95000004777 (7)

1. Corporation Name

HISPANIC BUSINESS INITIATIVE FUND OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
1200 WEST COLONIAL DRIVE ORLANDO FL	1200 WEST COLONIAL DRIVE ORLANDO FL

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report:

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

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

City & State — 23:
City & State — 28:

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

4. FEI Number: 59-3341405 ☐ 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

FERNANDEZ, JOSE
1200 WEST COLONIAL DRIVE
ORLANDO FL

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 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, CONRAD		1.2 NAME	
STREET ADDRESS	326 NEW WATERFORD PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL FL 32779		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, MARIA		2.2 NAME	
STREET ADDRESS	4107 OLD DOMINION RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINES, H L		3.2 NAME	
STREET ADDRESS	11907 NAHANNI COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WETZLER, BARBARA		4.2 NAME	
STREET ADDRESS	2343 CAROLTON RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, RAY		5.2 NAME	
STREET ADDRESS	3101 ZAHARIAS DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CORDERO, MARITZA		6.2 NAME	
STREET ADDRESS	10813 OAK GLEN CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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 any address.

SIGNATURE: HECTOR L. MARTINEZ — 4/3/96 — (407) 740-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)