FILE NOW: FILING FEE IS $61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32804-7116

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report: 05/24/1996

2. Principal Place of Business
21 3700 34th Street
Suite, Apt. #, etc.
22 Suite 100
City & State
23 ORLANDO FL
Zip 24 32805 Country 25 USA

2a. Mailing Address
26 3700 34th Street
Suite, Apt. #, etc.
27 Suite 100
City & State
28 ORLANDO FL
Zip 29 32805 Country 30 USA

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: Jose Fernandez
82 Street Address (P.O. Box Number is Not Acceptable): 3700 34th Street
83 Suite 100
84 City: ORLANDO FL 85 Zip Code: 32805

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] Executive Director 1/30/97
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	C	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SANTIAGO, CONRAD		1.2 NAME	Tony Blanca	
STREET ADDRESS	326 NEW WATERFORD PLACE		1.3 STREET ADDRESS	1805 Antigua Dr	
CITY-ST-ZIP	LONGWOOD, FL FL 32779		1.4 CITY-ST-ZIP	Orlando, Fl 32806	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WELLS, MARIA		2.2 NAME	Dr. Elba Grov Dahl	
STREET ADDRESS	4107 OLD DOMINION RD.		2.3 STREET ADDRESS	4381 Steed Terrace	
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP	Winter Park, Fl 32792	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTINES, H L		3.2 NAME	Anibal Torres	
STREET ADDRESS	11907 NAHANNI COURT		3.3 STREET ADDRESS	2595 Anacondo Trail	
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP	Maitland, Fl 32751	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WETZLER, BARBARA		4.2 NAME	George Rodon	
STREET ADDRESS	2343 CAROLTON RD.		4.3 STREET ADDRESS	4866 Bearywood	
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ALONSO, RAY		5.2 NAME	Linda Gonzalez	
STREET ADDRESS	3101 ZAHARIAS DR.		5.3 STREET ADDRESS	4408 Withrowwood Ct	
CITY-ST-ZIP	ORLANDO FL 32837		5.4 CITY-ST-ZIP	Orlando, Fl 32827	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CORDERO, MARITZA		6.2 NAME	Consuelo Gomez	
STREET ADDRESS	10813 OAK GLEN CIRCLE		6.3 STREET ADDRESS	8700 Ridgewood Ave. #A30	
CITY-ST-ZIP	ORLANDO FL 32817		6.4 CITY-ST-ZIP	Cape Canaveral, Fl 32920	

CR2E037 (9/96)

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.

SIGNATURE: [signature] Executive Director 1/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (407) 4285872 0016514

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Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

Please See Pg

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~~1200 WEST COLONIAL DRIVE~~
~~ORLANDO FL~~

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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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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 (1-12)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTIAGO, CONRAD 326 NEW WATERFORD PLACE LONGWOOD, FL FL 32779 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Jesus Dohnert 3499 Buffane Pl. Casselberry, Fl 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, MARIA 4107 OLD DOMINION RD. ORLANDO FL 32812 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Maria Aristigueta 939 Versailles Circle Maitland, Fl 32751 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINES, H L 11907 NAHANNI COURT ORLANDO FL 32837 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Dr. William Derr 1549 Glastonberry Rd. Maitland, Fl 32751 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WETZLER, BARBARA 2343 CAROLTON RD. MAITLAND FL 32751 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Victor Diaz 3348 Bussam Place Casselberry, Fl 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALONSO, RAY 3101 ZAHARIAS DR. ORLANDO FL 32837 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Dr. Jose Maunez-Cuadra 1121 Trotwood Blvd. Winter Springs, Fl 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORDERO, MARITZA 10813 OAK GLEN CIRCLE ORLANDO FL 32817 ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	M JOSE I. FERNANDEZ JR 3202 FAIRFIELD DR KISSIMMEE FL 34743 ☐ Change ☐ Addition

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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address, with an asterisk, or attached with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/96)

0016514