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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004777

1. Corporation Name

**HISPANIC BUSINESS INITIATIVE FUND OF GREATER ORL
ANDO, INC.**

Principal Place of Business

3700 34TH ST
STE 100
ORLANDO FL 32805
US

Mailing Address

3700 34TH ST
STE 100
ORLANDO FL 32805
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/03/1995

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

9. Name and Address of Current Registered Agent

**FERNANDEZ, JOSE
3700 34TH ST
STE 100
ORLANDO FL 32805**

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

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 C ☐ DELETE
NAME SANTIAGO, CONRAD
STREET ADDRESS 326 NEW WATERFORD PLACE
CITY-ST-ZIP LONGWOOD, FL FL 32779

TITLE D ☐ DELETE
NAME RODON, GEORGE
STREET ADDRESS 201 ROSALIND AVE
CITY-ST-ZIP ORLANDO FL 32802

TITLE T ☐ DELETE
NAME TORRES, ANIBAL
STREET ADDRESS 2595 ANACONDO TR
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE
NAME WETZLER, BARBARA
STREET ADDRESS 2343 CAROLTON RD.
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE
NAME GOMEZ, CONSUELO
STREET ADDRESS 8700 RIDGEWOOD AVE #A30
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☐ DELETE
NAME ZAPATA, IVETTE
STREET ADDRESS 5551 VANGUARD ST, STE 100
CITY-ST-ZIP ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Ramon Alonso
1.3 STREET ADDRESS 3101 Zaharias DR.
1.4 CITY-ST-ZIP Orlando, FL 32837

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Jose Camacho
2.3 STREET ADDRESS Mail code 0-1121, P.O. Box 3833
2.4 CITY-ST-ZIP Orlando, FL 32802

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Linda Gonzalez
3.3 STREET ADDRESS 5900 Lake Elvira DR.
3.4 CITY-ST-ZIP Orlando, FL 32859

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Bob Jimenez
4.3 STREET ADDRESS 5931 Brick court #130
4.4 CITY-ST-ZIP Winter Park, FL 32792

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Kenneth Leeming
5.3 STREET ADDRESS 5740 Old Cheney Highway
5.4 CITY-ST-ZIP Orlando, FL 32807

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Marcos Marchena
6.3 STREET ADDRESS 233 S. Semoran Blvd.
6.4 CITY-ST-ZIP Orlando, FL 32807

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 4074285873

CR2E037 (11/98)