

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000964 (4)**

1. Corporation Name

**HILLSBOROUGH HISPANIC MENTORS FOUNDATION, INC.**



Principal Place of Business <b>2535 LAKE ELLEN DR TAMPA FL 33618</b>	Mailing Address <b>2535 LAKE ELLEN DR TAMPA FL 33618-3203</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/16/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROJAS, JUANA M 1115 N HIMES AVE TAMPA FL 33607</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Ricardo Roig</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2535 Lake Ellen Drive</b> 83 City <b>Tampa</b> 84 Zip Code <b>FL 33618-3203</b>	
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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 **Ricardo Roig** (NOTE: Registered Agent signature required when reinstating) **4/16/97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, HERMAN</b>	1.2 NAME	
STREET ADDRESS	<b>6007 HIGHLAND AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROJAS, JUANA M</b>	2.2 NAME	<b>Ricardo Roig</b>
STREET ADDRESS	<b>1115 N HIMES AVE</b>	2.3 STREET ADDRESS	<b>2535 Lake Ellen Dr.</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	2.4 CITY-ST-ZIP	<b>Tampa, FL 33618-3203</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MAGDA</b>	3.2 NAME	
STREET ADDRESS	<b>2205 GROVELAND DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIMENEZ, JAMES A</b>	4.2 NAME	<b>Jeanette Hall</b>
STREET ADDRESS	<b>1308 W SLIGH AVE</b>	4.3 STREET ADDRESS	<b>12912 Woodleigh Ave.</b>
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	4.4 CITY-ST-ZIP	<b>Tampa, FL 33612</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, SANTOS H JR</b>	5.2 NAME	
STREET ADDRESS	<b>2535 LAKE ELLEN DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: **Santos H. Rodriguez Jr** **4/16/97** DATE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048467

CR2E037 (9/96)