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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006445 (8)**

1. Corporation Name

**HISPANIC STUDENT FOUNDATION, INC.**

Principal Place of Business

**471 S.W. 8TH STREET  
MIAMI FL 33130**

Mailing Address

**C/O MS. LILIAM M. LOPEZ  
2457 COLLINS AVENUE #701  
MIAMI BEACH FL 33140-4728**



3. Date Incorporated or Qualified  
**12/16/1996**

3a. Date of Last Report

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

4. FEI Number

**65-0723658**

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

**LOPEZ, LILIAM M  
2457 COLLINS AVENUE #701  
MIAMI BEACH FL 33140**

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 **President** ☐ DELETE

NAME **Liliam M. Lopez**  
STREET ADDRESS **2457 Collins Ave. 701**  
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **Chairman** ☐ DELETE

NAME **Lazaro Martinez**  
STREET ADDRESS **1111 Lincoln Rd. Suite 810**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **Director (D)** ☐ DELETE

NAME **Bert Gomez**  
STREET ADDRESS **9130 S. Dadeland Blvd. Suite 1803**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **Director (D)** ☐ DELETE

NAME **Hugo E. Dorta, Esq.**  
STREET ADDRESS **501 Brickell Key Drive, Suite 200**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **Director (D)** ☐ DELETE

NAME **Paul Sarvatt**  
STREET ADDRESS **555 Ocean Drive**  
CITY-ST-ZIP **Miami Beach, FL 33139**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

**Liliam M. Lopez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President 2-26-97 (305) 604-9876**  
Date Daytime Phone

CP2E037 (9/96)