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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 12/16/1996
4. FEI Number 65-0723658
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 1111 Lincoln Rd.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 810	Suite, Apt. #, etc. 27
City & State 23 Miami Beach FL	City & State 28
Zip 24 FL 33139	Country 25 USA

9. Name and Address of Current Registered Agent LOPEZ, LILIAM M 2457 COLLINS AVENUE #701 MIAMI BEACH FL 33140	
81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)
83	84 City
	85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)
83	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, LILIAM M	1.2 NAME	Jesus Velazquez
STREET ADDRESS	2457 COLLINS AVE 701	1.3 STREET ADDRESS	8821 W. Flagler St. #414
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LAZARO	2.2 NAME	
STREET ADDRESS	1111 LINCOLN RD STE 810	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, BERT	3.2 NAME	
STREET ADDRESS	9130 S DADELAND BLVD STE 1803	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORTA, JUGO E	4.2 NAME	Hugo F. Dorta
STREET ADDRESS	501 BRICKELL KEY DR STE 300	4.3 STREET ADDRESS	501 Brickell Key Dr. Ste. 300
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRATT, RAUL	5.2 NAME	Raul Sarraff
STREET ADDRESS	535 OCEAN DRIVE	5.3 STREET ADDRESS	530 Ocean Dr.
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sean Koch	6.2 NAME	
STREET ADDRESS	2100 Ponce de Leon Blvd. Suite 750	6.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Liliana M. Lopez** 1/16/98 13051534-1903

CR2E037 (10/97)