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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006445

1. Corporation Name

HISPANIC STUDENT FOUNDATION, INC.

Principal Place of Business

1111 LINCOLN RD
STE 810
MIAMI BEACH FL 33139
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/16/1996

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

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 P ☐ DELETE
NAME LOPEZ, LILIAM M.
STREET ADDRESS 2457 COLLINS AVE 701
CITY-ST-ZIP MIAMI BCH FL

TITLE C ☐ DELETE
NAME MARTINEZ, LAZARO
STREET ADDRESS 1111 LINCOLN RD STE 810
CITY-ST-ZIP MIAMI BCH FL

TITLE D ☐ DELETE
NAME GOMEZ, BERT
STREET ADDRESS 9130 S DADELAND BLVD STE 1803
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME DORTA, JUGO E
STREET ADDRESS 501 BRICKELL KEY DR STE 300
CITY-ST-ZIP MIAMI FL 33131

TITLE T ☐ DELETE
NAME SARRATT, RAUL
STREET ADDRESS 535 OCEAN DRIVE
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE D ☐ DELETE
NAME KOCH, SEAN
STREET ADDRESS 2100 PONCE DE LEON BLVD STE 750
CITY-ST-ZIP CORAL GABLES FL 33134

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 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:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-12-99 (305)534-1903
Daytime Phone #

CR2E037 (1/98)