


FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90202 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005797

1. Corporation Name

**HISPANIC ASSOCIATION OF THE LUCENT TECHNOLOGIES
 EMPLOYEES OF SOUTH FLORIDA, INC.**

Principal Place of Business
 2333 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

Mailing Address
 2333 PONCE DE LEON BLVD
 CORAL GABLES FL 33134



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0792021
22 City & State	27 City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**HARDER, JO
 ALHAMBRA PLAZA
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **GEORGE ALVARADO**
 82 Street Address (P.O. Box Number is Not Acceptable)
2333 PONCE DE LEON BLVD.
 83
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 use if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDER, JO	1.2 NAME	GEORGE ALVARADO
STREET ADDRESS	ALHAMBRA	1.3 STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33064-2211	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, GEORGE	2.2 NAME	ED SORENSEN
STREET ADDRESS	2333 PONCE DE LEON BLVD	2.3 STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ADIN	3.2 NAME	MANUEL PON
STREET ADDRESS	2333 PONCE DE LEON BLVD	3.3 STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGAN-BATISTA, FINA E	4.2 NAME	WENDY GONZALEZ
STREET ADDRESS	2333 PONCE DE LEON BLVD	4.3 STREET ADDRESS	2333 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

Date

305 569-3838

Daytime Phone #

CR2E037 (11/98)