

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90003 048 ****61.25

DOCUMENT # N97000006392

1. Corporation Name

THE HISPANIC CONNECTION INC.

Principal Place of Business
P.O. BOX 15133
WEST PALM BEACH FL 33416

Mailing Address
THE HISPANIC CONNECTION
PO BOX 15133
WEST PALM BEACH FL 33416



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0812979

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

GIBBONS, ELSA
THE CENTER FOR MINORITY SERVICES
301 B'WAY SUITE 300
RIVERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name Luz E. Benitez Delgado

82 Street Address (P.O. Box Number is Not Acceptable)
11922 Starbridge Lane

83

84 City Wellington FL 85 Zip Code 33414

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 Luz E. Benitez Delgado

(NOTE: Registered Agent signature required when re-registering)

4-17-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BENITEZ DELGADO, F
STREET ADDRESS 2850 METROCENTRE BLVD SUITE 1
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE DT
NAME RAMIREZ, WILLIAM
STREET ADDRESS 7637 BRISTOL BAY LANE
CITY-ST-ZIP LAKE WORTH FL 33454

TITLE DS
NAME MEDINA, ADA
STREET ADDRESS 810 DATURA ST
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE DS
NAME MENDEZ, GUADALUPE
STREET ADDRESS 1250 SOUTHWINDS DR.
CITY-ST-ZIP LANTANA FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 25 S.E. Ave E., Suite 1
1.4 CITY-ST-ZIP Belle Glade, Florida 33430

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: LUZ E. BENITEZ DELGADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E037 (11/98)