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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N98000003697

1. Corporation Name

HISPANIC WOMEN ALLIANCE AGAINST DOMESTIC VIOLENC E - "HISPANIC TRAINING INSTITUTE" INC.

Principal Place of Business	Mailing Address
635 ~~601~~ N.E. 52 ST. MIAMI FL 33137	635 ~~601~~ N.E. 52 ST. MIAMI FL 33137

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0849051 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	8. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIGGS, CARMEN C 635 N.E. 52ND ST. MIAMI FL 33137	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CRYSTAL AGRIGGS ☐ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	DIRECTOR	1.2 NAME	MILLIE SOLIADE LAVILLA
STREET ADDRESS	635 N.E. 52 ST.	1.3 STREET ADDRESS	1605 S. Red ROAD
CITY-ST-ZIP	MIAMI - FLORIDA 33137	1.4 CITY-ST-ZIP	CORAL GABLES - FL. 33155
TITLE	OFFICER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAUN CARLOS GRIGGS	2.2 NAME	
STREET ADDRESS	635 N.E. 52 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33137	2.4 CITY-ST-ZIP	
TITLE	OFFICER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RONI GOODRICH	3.2 NAME	
STREET ADDRESS	3421 N.N. 14 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33141	3.4 CITY-ST-ZIP	
TITLE	CO PRESIDENT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARMEN CRYSTAL GRIGGS	4.2 NAME	
STREET ADDRESS	635 N.E. 52 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FL 33137	4.4 CITY-ST-ZIP	
TITLE	BIANCA DELVSINCHI ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DIRECTOR	5.2 NAME	
STREET ADDRESS	960 DEMBROKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE - FLORIDA 33009	5.4 CITY-ST-ZIP	
TITLE	OFFICER ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	REGINA BERMAN	6.2 NAME	
STREET ADDRESS	7970 BISCAYNE POINT CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI - BEACH - 33141	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 NAME OF CARMEN CRYSTAL GRIGGS 3-9-98 305-751-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #