

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northern  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:13

DOCUMENT # P29507 (1)

1. Corporation Name

LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 777 N. CAPITOL ST., NE. SUITE 305 WASHINGTON DC 20002	Mailing Address 777 N. CAPITOL ST., NE. SUITE 305 WASHINGTON DC 20002
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3. Date Incorporated or Qualified 05/24/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7262876	Applied For Not Applicable

2. Principal Place of Business 21 946 S.W. 82nd Ave Suite, Apt. #, etc.	2a. Mailing Address 26 2100 M Street Suite, Apt. #, etc. 27 602
22 City & State 23 Miami FL	28 City & State 29 Washington, DC
24 Zip 33144	25 Country
29 Zip 20037	30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARREKO, RAQUEL DR.  
946 S.W. 86ND AVE.  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	946 S.W. 82nd Avenue
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY - ST - ZIP	C VELEZ, JOSE 1600 E DESERT INN, SUITE 204 LAS VEGAS NV	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D Chairperson Belen Robles 3336 Fillmore El Paso, TX 79930 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NEWMAN, PAUL D 3044 WEST GRAND BLVD. DETROIT MI 48202	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIMBRES, RICHARD 1617 EAST MILES TUCSON AZ	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Y ROBLES, BELEN 3336 FILMORE EL PASO TX 79930	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D Treasurer Amelia Acosta 10910 Albeon Park San Antonio, TX 78249 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, MARGARET 2127 WEST MAGNOLIA SAN ANTONIO TX	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D Director Chevo Morales P.O. Box 3174-NIA Lubbock, TX 79452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, as changed, (or in an attachment with an address).

SIGNATURE: Lisa E. Smith Lisa E. Smith 4/3/95 (202) 408-0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Pencil)