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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P29507 (1)
1. Corporation Name
LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC.

7425262728



Principal Place of Business: 946 SW 82ND AVE, MIAMI FL 33144, US
Mailing Address: 2100 M ST, STE 602, WASHINGTON DC 20037-1207, US

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State: Washington, D.C. Zip: 20036 Country: U.S.A.

4. FEI Number: 23-7262876
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MARTINEZ, LETTY, 946 SW 82ND AVE, MIAMI FL 33144

10. Name and Address of New Registered Agent: 61 Name, 62 Street Address, 63, 64 City, 65 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	ROBLES, BELEN	1.2 NAME	
STREET ADDRESS	3336 FILLMORE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	BESERRA, RUDY M	2.2 NAME	John Garza
STREET ADDRESS	PO BOX 1734 N/A	2.3 STREET ADDRESS	2700 N. Central Ave., Ste. 7000
CITY-ST-ZIP	ATLANTA GA 30301	2.4 CITY-ST-ZIP	Phoenix, AZ 85004
TITLE	SD	3.1 TITLE	
NAME	FIMBRES, RICHARD	3.2 NAME	
STREET ADDRESS	1617 EAST MILES	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	GARCIA, ANGIE	4.2 NAME	Dolores Guerrero
STREET ADDRESS	214 DWYER STE. 205	4.3 STREET ADDRESS	4800 Lamonte, # 311
CITY-ST-ZIP	SAN ANTONIO TX 78204	4.4 CITY-ST-ZIP	Houston, TX 77092
TITLE	DD	5.1 TITLE	DD
NAME	MORALES, CHEVO	5.2 NAME	Hector Flores
STREET ADDRESS	P O BOX 3174	5.3 STREET ADDRESS	1030 Tracy
CITY-ST-ZIP	LUBBOCK TX	5.4 CITY-ST-ZIP	Duncansville, TX 75137
TITLE		6.1 TITLE	100002120041
NAME		6.2 NAME	-03/21/97--01008--020
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DELETED NAMES:

- DC ROBLES, BELEN
- VD BESERRA, RUDY M
- SD FIMBRES, RICHARD
- TD GARCIA, ANGIE
- DD MORALES, CHEVO

14. I do 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.

SIGNATURE: *Beleen Robles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)