

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **487222** (2)

1. Corporation Name

HISPANIA LEASING CORP.

Principal Place of Business

**6510 CASTANEDA ST.
CORAL GABLES FL 33146**

Mailing Address

**6510 CASTANEDA ST.
CORAL GABLES FL 33146**



3. Date Incorporated or Qualified

10/01/1975

3a. Date of Last Report

09/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **3530 S.W. 8 St**

26 **P.O. Box 140340**

4. FEI Number

59-1625180

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Omami, FL

Coral Gables, FL

24 Zip

25 Country

29 Zip

30 Country

33135

Dade

33114

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBER CORPORATE AGENTS, INC.
2801 S. BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133**

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 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

Signature, typed or printed name of registered agent and the corporation

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P**
MASPONS, MARIA M
STREET ADDRESS **6510 CASTANEDA ST.**
CITY-STATE-ZIP **CORAL GABLES FL 33146**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VP**
MASPONS, ERIC M JR.
STREET ADDRESS **6510 CASTANEDA ST**
CITY-STATE-ZIP **CORAL GABLES, FL 00000- 33146**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **T**
MASPONS, MIGUEL A
STREET ADDRESS **740 SANTURGE ST- P.O. Box 140340**
CITY-STATE-ZIP **CORAL GABLES, FL 00000**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **33114**
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (205) 443-2131

Date

Daytime Phone

CR2E034 (12/95)