

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24659

Entity Name: HISPANIC COALITION, CORP.**Current Principal Place of Business:**5659 WEST FLAGLER ST.
MIAMI, FL 33134**Current Mailing Address:**5659 WEST FLAGLER ST.
MIAMI, FL 33134**FEI Number:** 65-0026407**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KASSE, ROSA E
5659 W. FLAGLER ST.
MIAMI, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	GUTIERREZ, VICTOR T
Address	905 BRICKELL BAY DRIVE #530
City-State-Zip:	MIAMI FL 33133

Title	D
Name	QUINONES, RENE A
Address	P.O. BOX 12566
City-State-Zip:	MIAMI FL 33101-2566

Title	D
Name	PRIETO-VALDEZ, JUAN J
Address	8969 SW 227 TERRACE
City-State-Zip:	CUTLER BAY FL 33190

Title	DIRECTOR
Name	CASTILLO, DOMINGO
Address	14821 SW 169 LANE
City-State-Zip:	MIAMI FL 33187

Title	DIRECTOR
Name	PEREZ, LUIS G.
Address	5659 WEST FLAGLER ST.
City-State-Zip:	MIAMI FL 33134

Title	PRESIDENT
Name	KASSE, ROSA E
Address	5659 WEST FLAGLER ST.
City-State-Zip:	MIAMI FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSA E. KASSE**PRESIDENT****03/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date