

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90433 011 ****61.75

DOCUMENT # 725586

1. Entity Name

INSTITUTO DE CULTURA HISPANICA INCORPORATED



Principal Place of Business

Mailing Address

1825 W 44TH PLACE
1201
HIALEAH FL 33012
US

1825 W 44TH PLACE
1201
HIALEAH FL 33012
US

2. Principal Place of Business

1249 SW 15 TER

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

4. FEI Number

59-1631323

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNET, MARIA ORTA
1825 W 44 PL APT 1201
HIALEAH FL 33012

Name TERESA LLERENA

Street Address (P.O. Box Number is Not Acceptable)
1249 S.W. 15 TERRACE

City MIAMI

FL

Zip Code

33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Teresa Llerena* TERESA LLERENA

4/28/04

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PDED ☒ Delete
NAME MIYAR, OLGA
STREET ADDRESS 2425 SW 19TH TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE VP ☒ Delete
NAME PEREZ, TERESA L
STREET ADDRESS 1249 SW 15TH TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE SD ☒ Delete
NAME GATO, NANCY H
STREET ADDRESS 6423 COLLINS AVE #902
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ Delete
NAME MARRERO, RUTH
STREET ADDRESS 1825 SW 44 PL 410
CITY-ST-ZIP HIALEAH FL 33012

TITLE TDD ☒ Delete
NAME MALEY, BETTY
STREET ADDRESS 10060 E CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL

TITLE ED ☐ Delete
NAME CORNET, MARIA O
STREET ADDRESS 1825 W 44TH PLACE #1201
CITY-ST-ZIP HIALEAH FL 33012

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition
NAME TERESA LLERENA
STREET ADDRESS 1249 SW 15 TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE VIP/D ☒ Change ☐ Addition
NAME LUISA MARTINEZ
STREET ADDRESS 3425 COLLINS AVE #1004
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S ☒ Change ☐ Addition
NAME BETTY MALEY
STREET ADDRESS 10060 E CALUSA CLUB DR
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Orta* MARIA ORTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 3058215301

Date

Daytime Phone #