

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-05-2005 90044 007 ****61.25

DOCUMENT # 725586 1. Entity Name INSTITUTO DE CULTURA HISPANICA INCORPORATED					
Principal Place of Business 1249 SW 15TH TER MIAMI FL 33145 US			Mailing Address 1825 W 44TH PLACE 1201 HIALEAH FL 33012 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1631323	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLERENA, TERESA L LERENA TERESA 1249 SW 15TH TER MIAMI FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Teresa Llerena</i></u> TERESA L LERENA <u>4/26/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	LLERENA, TERESA		STREET ADDRESS		
CITY-ST-ZIP	1249 SW 15TH TER MIAMI FL 33145		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, LUISA		NAME		
STREET ADDRESS	3425 COLLINS AVE #1004		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MALEY, BETTY		NAME		
STREET ADDRESS	10060 CALUSA CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARRERO, RUTH		NAME		
STREET ADDRESS	1825 SW 44 PL 410		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE	ED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CORNET, MARIA O		NAME		
STREET ADDRESS	1825 W 44TH PLACE #1201		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Maria O. Cornet</i></u> MARIA ORTA ED				<u>3-18-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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1st MOORE CR2E037 (10/04)