

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725586

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** INSTITUTO DE CULTURA HISPANICA INCORPORATED

**Current Principal Place of Business:**

1249 SW 15TH TER  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

1825 W 44TH PLACE  
1201  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 59-1631323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LLERENA, TERESA  
1249 SW 15TH TER  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LLERENA, TERESA  
Address: 1249 SW 15TH TER  
City-St-Zip: MIAMI, FL 33145

Title: VPD ( ) Delete  
Name: MARTINEZ, LUISA  
Address: 3425 COLLINS AVE #1004  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: MALEY, BETTY  
Address: 10060 CALUSA CLUB DR  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: MARRERO, RUTH  
Address: 1825 SW 44 PL 410  
City-St-Zip: HIALEAH, FL 33012

Title: ED ( ) Delete  
Name: CORNET, MARIA O  
Address: 1825 W 44TH PLACE #1201  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA ORTA

DIRE

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date