

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725586

**FILED**  
**Apr 13, 2010**  
**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:**

2469 S.W.102 COURT  
MIAMI, FL 33165 US

**Current Mailing Address:**

1825 W 44TH PLACE  
1201  
HIALEAH, FL 33012 US

**New Mailing Address:**

2469 S.W.102 COURT  
MIAMI, FL 33165 US

**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  
Name: LLERENA, TERESA  
Address: 1249 SW 15TH TERR  
City-St-Zip: MIAMI, FL 33145

Title: T  
Name: NANCY, FERNANDEZ  
Address: 3667 S.W. 25 TERRACE  
City-St-Zip: MIAMI, FL 33133

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

Title: VT  
Name: MARRERO, RUTH  
Address: 1825 SW 44 PL 410  
City-St-Zip: HIALEAH, FL 33012

Title: ED  
Name: MORALES, MIRIAM  
Address: 2469 S.W 102 COURT  
City-St-Zip: MIAMI, FL 33165

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: TERESA LLERENA PEREZ

PD

04/13/2010

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

\_\_\_\_\_  
Date