## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 732926

(1)

PRIMERA	IGI ESIA	<b>BAUTISTA</b>	HISPANA.	INC.
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Principal Place of Business Mailing Address		Mailing Address				IAI WANA MAMAN MININ MININ MI	JOH GIGH ISS
1790 NE 2ND CT. MIAMI FL 33132		1790 NE 2ND CT. MIAMI FL 33132-1110					
				-	3. Date incorporated or Qualified 05/29/1975	3a. Date of Last R 03/04/19	leport <b>96</b>
—		2a. Mailing Address	) Address		4. FEI Number 59-2370025	Applied For Not Applicable	
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	Country 30		8. This corporation has liability for in		
	9. Name and Address of Curre				10. Name and Address of New Reg		
			81	Name			***************************************
SALCED 864 W 7	O, RUGERO		82	Street Add	lress (P.O. Box Number is Not Acceptab	ie)	
HIALEAH FL 33014			83				
			84	1		FLI	Code
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617 1508, Florida Stati te of Florida. Such change was	utes, the above authorized by	e-named cor the corpora	poration submits this statement for the potion's board of directors. I hereby accep	urpose of changing it tithe appointment as	ts registered registered
	m ramiliar with, and accept the obli	gations of, Section 617.0503, F	-iorida Statutes	<b>3</b> .	**		
SIGNATURE .	Signature, typed or printed name of registered a	oent and tille il applicable. (NC	TE: Registered Age	ont signature requ	fred when reinstating)	DATE	
12.		ND DIRECTORS	13.	ant organization to do	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	1	☐ DELETE	1.1 TITLE			Change	Addition
NAME	AGUILAR, MARTHA		1.2 NAME			•	
STREET ADORESS	1790 NE COURT		1.3 STAEET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S				
TITLE	\$	DELETE	2.1 TITLE	1 21		Change	Addition
NAME	SALCEDO, ZAIDA	_	2.2 NAME				
STREET ADORESS	864 W 72 PL		2.3 STREET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-5				
TITLE	PD	DELETE	3,1 TITLE	51-ZIF		☐ Change	Addition
NAME	SALCEDO, RUGERO		3.2 NAME			change	rodition
STREET ADDRESS	864 W 72ND PLACE		3.3 STREET	ADDDCCC			
	HIALEAH FL						
CITY-ST-ZIP TITLE	D	DELETE	3.4. CHY-5 4.1 TITLE	51-ZIP		☐ Change	Addition
NAME	ZAPATA, LILIETH		4. 2 NAME			L Change	L Addition
STREET ADDRESS	7170 NE 4TH PLACE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL						
TITLE	D	DELETE	4.4 City-S 5.1 Title	1-21		Change	Addition
	SOLIS, CRISTOBAL	been				C Cumings	L. AUGIDON
NAME CTROCKY ADDRESS	10 NE 181ST STREET		5.2 NAME	ADDDCCC			
STREET ADDRESS	NORTH MIAMI FL		5.3 STAEET	l l			
CITY-ST-ZIP TITLE	D NORTH MIAMI FL	DELETE	5.4 CITY - S 6.1 TITLE	1-21		Change	Addition
		[ ] beccit				FIII CHANGE	Last Address of
NAME	LIMA, ERWIN		6.2 NAME	100000	•		
STREET ADORESS	2630 NE 204 TERR		6.3 STREET				
CITY-ST-7IP	NORTH MIAMI BCH FL		64 CITY - S	7-7IP	· ·		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, (further certify that the information indicated on this annual report or supplemental annual 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 empoyered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-15/97

Davtime Phone # 00000E0

**FILED** 

Feb 13 1997 8:00am

Secretary of State