


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

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90009 042 \*\*\*\*61.25

<b>DOCUMENT # 757175</b> 1. Entity Name <b>HISPANIC HERITAGE COUNCIL, INC.</b>					
Principal Place of Business <b>5040 NW 7 STREET 690 MIAMI FL 33126 US</b>			Mailing Address <b>5040 NW 7 STREET 690 MIAMI FL 33126 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2163593</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAZQUEZ, ELOY 3430 E 1 AVE HIALEAH FL 33013</b>				7. Name and Address of New Registered Agent Name <b>ELOY VAZQUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3430 E 1st Ave</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33013</b>	
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:  <b>ELOY VAZQUEZ, Director</b> <b>4/6/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROSQUETE, MIRIAM</b> <b>6010 GRANADA BLVD.</b> <b>CORAL GABLES FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GARCIA-LINAREY, MANUEL A</b> <b>1215 LISBON STREET</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Madeline Lamela</b> <b>800 Douglas Rd</b> <b>Coral Gables, FL 33134</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DIAZ, IRELA</b> <b>5130 SW 5TH TERR</b> <b>MIAMI FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANGULO, SUSAN B</b> <b>10700 SW 88 COURT</b> <b>MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Lilia Garcia</b> <b>1500 Biscayne Blvd</b> <b>Miami, FL 33132</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MENDOZA, EDUARDO</b> <b>5040 NW 7 ST</b> <b>MIAMI FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:**  **EDUARDO MENDOZA, Director** **4/6/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #