

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **762693** (0)

1. Corporation Name

**ASOCIACION CULTURAL HISPANO-AMERICANA, INC.**



Principal Place of Business

Mailing Address

**4150 PITTMAN DR.  
JACKSONVILLE FL 32207  
US**

**PO BOX 55054  
JACKSONVILLE FL 32216-0054  
US**

3. Date Incorporated or Qualified  
**03/31/1982**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

**21 645 HUMMINGBIRD Court**

**26 SAME**

4. FEI Number

**59-2367618**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, Florida**

**32259**

Country **DUVAL**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAFAEL S. INCLAN M.D.  
2839 WOOD VALLEY COURT  
JACKSONVILLE FL 32217**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **INCLAN, RAFAEL**  
STREET ADDRESS **3599 UNIV BLVD STE 100**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☒ DELETE  
NAME **MORALES, EDUARDO**  
STREET ADDRESS **3677 CATHEDRAL PLACE N**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE  
NAME **RADI, ALEJANDRO**  
STREET ADDRESS **580 W. 8TH ST STE 802**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE  
NAME **GOMEZ, MONSERRATE**  
STREET ADDRESS **1222 MOLOKAI RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ DELETE  
NAME **GOMEZ, RAFAEL**  
STREET ADDRESS **3599 UNIV BLVD STE 104**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE  
NAME **ALFREDO, ROMEU MD**  
STREET ADDRESS **3277 HERMITAGE RD. E.**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**P- CLEMENTE J. INCLAN** ☒ Change ☐ Addition  
**4471 Barnaby Drive**  
**Jacksonville, Florida 32217**

**T- ROBERTO L. MORALES** ☒ Change ☐ Addition  
**645 Hummingbird Court**  
**Jacksonville, Florida 32259**

**D- JOSE M. OTERO** ☒ Change ☐ Addition  
**2886 Starshire Cove**  
**Jacksonville, Florida 32217**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 empowered 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:

*Clemente J. Inclan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CLEMENTE J. INCLAN (1-26-96)**

**630-5872**

Date

Daytime Phone #

CR2E037 (12/95)