

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90049 048 ****61.25

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DOCUMENT # 762693

1. Corporation Name

ASOCIACION CULTURAL HISPANO-AMERICANA, INC.

Principal Place of Business

309 PLANTATION CR
PONTE VEDRA BEACH FL 32082
US

Mailing Address

P.O. BOX 50850
JACKSONVILLE FL 32082
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 50850

27 Suite, Apt. #, etc.

28 Jacksonville Beach, FL

29 Zip Country

30 32240

3. Date Incorporated or Qualified

03/31/1982

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME INCLAN, RAFAEL
STREET ADDRESS 3599 UNIV BLVD STE 100
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE

NAME BENITEZ, NORBERTO
STREET ADDRESS 309 PLANTATION CR
CITY-ST-ZIP PONTE VEDRA FL

TITLE PD ☒ DELETE

NAME MORALES, ROBERTO
STREET ADDRESS 645 HUMMINGBIRD CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME ROSA, LARISSA
STREET ADDRESS 7858 RITTENHOUSE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME BENITEZ, ANNA
STREET ADDRESS 309 PLANTATION CR
CITY-ST-ZIP PONTE VEDRA FL

TITLE D ☐ DELETE

NAME RIVERA, SONIA
STREET ADDRESS 3181 HERMITAGE RD.
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Erik Sampayo
11586 Greenland Hideaway Dr. E.
Jacksonville, FL 32258

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/11/99

904-273-1996