2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

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Entity Name: INSTITUTE OF HISPANIC CULTURE OF THE UNITED STATES, INC. (INSTITUTO DE CULTURA HISPANICA DE LOS ESTADOS UNIDOS, INC.

Current Principal Place of Business:

5910 JEFFERSON HIGHWAY
BATON ROUGE, LA 70806

New Principal Place of Business:

Current Mailing Address:

12201 S.W. 148 STREET, SUITE 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1052490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUITRAGO, ROBERTO DR.
12201 S.W. 148 STREET #201
MIAMI, FL 33186 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: CPT ( ) Delete
Name: BUITRAGO, ROBERTO
Address: 12201 S.W. 148TH STREET, #201
City-St-Zip: MIAMI, FL 33186

Title: VCS ( ) Delete
Name: BUITRAGO, NELLY P
Address: 12201 S.W. 148TH STREET, #201
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete
Name: ALFONSO, SANDRA
Address: 5910 JEFFERSON HIGHWAY
City-St-Zip: BATON ROUGE, LA 70806

Title: T ( ) Delete
Name: BUITRAGO, ROBERTO J
Address: 12201 SW 148 STREET #201
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. ROBERTO BUITRAGO CPT 01/06/2007

Electronic Signature of Signing Officer or Director — Date