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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

FILED May 09 1997 8:00am Secretary of State

DOCUMENT # L71508 1. Corporation Name HISPAMER CORPORATION Principal Place of Business M OSCAR SERNA 13160 SW 20 ST MIAMI FL 33175 MIAMI FL 33175-1314						
				3. Date Incorporated or Qualified 05/07/1990	3a. Date of Le 05/01/19	
Principal F	Place of Business	2a. Mailing Address		4. FEI Number	1 30,0 1,15	Applied For
Suite, Apr.	H. sels.	26 Suite Aat # ate		65-0197325		Not Applicable
Бите, Афт.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 7 7	75 Additional se Regulred
City & Stat	0	City & State		6. Election Campaign Financing		.00 May Be
		28		Trust Fund Contribution	☐ Ad	ided to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	intangible tax und ☐ Yes ☐ No	der s. 199.032,
	25 25 9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes 10. Name and Address of New Re		
SEF	INA, OSCAR		81 Name		~	
13160 SW 20 ST			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
MIA	Mi FL 33175		L_L			
			63			
			84 City		FL B5	Zip Code
					ru i	
, Pursuant office or r agent La GNATURE				poration submits this statement for the pation's board of directors. I hereby acception		ing its registered nt as registered
SNATURE	Signature, type of or printed name of registered a		utes, the above-named cor, authorized by the corpora lorida Statutes. IE Registered Agent signature required. 13. 1.1 TITLE		DATE	CTORS IN 12
NATURE	Signature typed or product name of registered a OFFICERS A PD SERNA, OSCAR	agent and tille if applicable (NO ND DIRECTORS	DTE Registered Agent signature requ	ured when reinstating)	DATE CERS AND DIREC	CTORS IN 12
MATURE	Signature 1534 3 or printed name of registered a OFFICERS A PO SERNA, OSCAR 13160 SW 20 ST	agent and tille if applicable (NO ND DIRECTORS	OTE Registered Agent signature required 13.	ured when reinstating)	DATE CERS AND DIREC	CTORS IN 12
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NATURE LADORESS S1. 2#	Signature typed or preded name of registered a OFFICERS A PO SERNA, OSCAR 13160 SW 20 ST MIAMI FL VO	agent and tille if applicable (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ured when reinstating)	DATE CERS AND DIREC	CTORS IN 12 ange Addition
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14. I do 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 supplimental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MAYURE AND TYPED ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR

3/1/97

(305) 552.565

0238203