

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L71508

1. Entity Name
HISPAMER CORPORATION



Principal Place of Business

% OSCAR SERNA
13160 SW 20 ST
MIAMI, FL 33175

Mailing Address

% OSCAR SERNA
13160 SW 20 ST
MIAMI, FL 33175



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0197325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SERNA, OSCAR
13160 SW 20 ST
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SERNA, OSCAR
STREET ADDRESS 13160 SW 20 ST
CITY ST ZIP MIAMI, FL

TITLE VD
NAME FERNANDEZ, AVELINO
STREET ADDRESS 15553 SW 55 TERRACE
CITY ST ZIP MIAMI, FL

TITLE ST
NAME FERNANDEZ, SILVIA
STREET ADDRESS 15553 SW 55 TERR
CITY ST ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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NAME
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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000092726
03/19/04-80020-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc

Daytime Phone #

3/15/04 305-552-5659