

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007289

FILED
Apr 15, 2008
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF HISPANIC VISUAL ARTISTS, INC.

Current Principal Place of Business:

5787-B NW 151 STREET
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5787-B NW 151 STREET
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-3197294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUANO, JOSE A
5787-B NW 151 ST
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

RUANO, JOSE A
5787-B NW 151 ST
MIAMI LAKES, FL 33014 US

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: JOSE A. RUANO

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RUANO, JOSE A
Address: 5787-B NW 151 STREET
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: WEISS, ROBERTO
Address: 3425 SW 67TH VE
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: PINO, RAUL F ESQ.
Address: 2440 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: GUZMAN, SERGIO J ESQ.
Address: 2440 CORAL WAY
City-St-Zip: MIAMI, FL 33145

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 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: JOSE A. RUANO

PTD

04/15/2008

Electronic Signature of Signing Officer or Director

Date