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Sep 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17555 (6)

1. Corporation Name

HISPANIC LATIN FIESTA, INC.

Principal Place of Business

Mailing Address

C/O LINDA HAYES GALLEGOS
7306 SWALLOW RUN
WINTER PARK FL 32792

C/O LINDA HAYES GALLEGOS
7306 SWALLOW RUN
WINTER PARK FL 32792-6575



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/28/1986

3a. Date of Last Report
08/12/1996

4. FEI Number
59-2765744

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 S
NAME ALIAGA, ODETTE
STREET ADDRESS 75 SOUTH IVANHOE BOULEVARD
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME CASTANEDA, LILIANA
STREET ADDRESS 5882 SAGUNTO ST
CITY-ST-ZIP ORLANDO FL

TITLE V
NAME CORTESE, ALDO
STREET ADDRESS 3783 N. STATE RD 426
CITY-ST-ZIP OVIEDO FL

TITLE P
NAME GALLEGOS, LINDA HAYES
STREET ADDRESS 7306 SWALLOW RUN
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME MELENDEZ, JAVIER
STREET ADDRESS 445 W. AMELIEA ST
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME GOMEZ, CONSUELO
STREET ADDRESS 201 S. ROSALIND AVE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D
1.2 NAME Vargas, Marta
1.3 STREET ADDRESS 2207 Vieito Street
1.4 CITY-ST-ZIP Orlando, FL 32822

2.1 TITLE T/D
2.2 NAME Hugo Hernandez
2.3 STREET ADDRESS 4845 Myrtle Bay Drive
2.4 CITY-ST-ZIP Orlando, FL 32829

3.1 TITLE D
3.2 NAME Josefa Cummings
3.3 STREET ADDRESS 2421 Bonnevillie Drive
3.4 CITY-ST-ZIP Orlando, FL 32826

4.1 TITLE D
4.2 NAME Palmira Mora
4.3 STREET ADDRESS 9586 Lingwood Trail
4.4 CITY-ST-ZIP Orlando, FL 32817

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE

[Handwritten Signature]

CR2E037 (9/96)