## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

(6)

| HISPANIC LATIN FIESTA, INC.   |  |  |        |                 |  |   |
|---|--|--|--------|-----------------|--|---|
| Principal Plac  | e of Business                                      | Mailing Address  |        | ,               |  | T TOURTHUR OUT THEIR TOUGH WILLIAM BRIDGE BLIFF BIRTH BIRTH BURTH |
| IC/O LINDA HAYES GALLEGOS<br>17308 SWALLOW RUN<br>WINTER PARK FL \$2792 |  | C/O LINDA HAYES GALLEGOS<br>7306 SWALLOW RUN<br>WINTER PARK FL 32792 |        |                 | 3. Date Incorporated or Qualified  10/28/1986 4. FEI Number Applied For  59-2765744 Not Applicable |   |
| 2. Principal Place of Business 21 Suite, Apt. #, etc.                   |  | 2a. Mailing Address<br>26  |        |                 |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required   |
| · · · · · · · · · · · · · · · · · · ·                                   |  | Sulte, Apt. #, etc.  |        |                 |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
| City & State  |  | City & State   |        |                 |  | 7. Is this nonprofit corporation a homeowners association?  |
| Zip   | Country  | Zip  | · }    |                 |  | 8. This corporation owes or has paid the current year Intangible  |
| 24  | 25   | 29   | 30     |                 |  | Personal Property Tax due June 30. Yes X No   |
|   | 9. Name and Address of Currer                      | it Registered Agent  |        | 81              | Name   | 10. Name and Address of New Registered Agent  |
|   |  |  |        |                 | Maille   |   |
|   | OS, LINDA HAYES<br>/ALLOW RUN                      |  |        | 82              | Street Add   | dress (P.O. Box Number is Not Acceptable)   |
|   | PARK FL 32792                                      |  |        | 83              |  |   |
|   | :<br>:   |  |        | 84              | City   | FL 85 Zip Code  |
| SIGNATURE   | ·  |  |        |                 |  | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered   |
| 12,   | Signature, typod or printed name of registered age | D DIRECTORS (NO  | 13.    | ed Agent        | signature requ   | uulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | SD OF HOLIIS AN                                    | DELETE   | 1.1 Ti | (T) F           |  | Change Addition   |
| NAME  | VARGAS, MARTA                                      |  |        | 1.2 NAME        |  |   |
| STREET ADDRESS  | 2207 VIENTO ST                                     |  |        | 1.3 STREET AL   |  |   |
| CITY-ST-ZIP   | ORLANDO FL   |  |        | 1.4 CITY-ST-ZIP |  |   |
| TITLE   | 10   | DELETE   |        | 2.1 TITLE       |  | ☐ Change ☐ Addition   |
| NAME  | HERNANDEZ, HUGO                                    |  | 2.2 N  | 2.2 NAME        |  | _ • •   |
| STREET ADDRESS  | 4845 MYRTLE BAY DR                                 |  | 2.3 \$ | TREET AC        | DRESS  |   |
| CITY-ST-ZIP   | ORLANDO FL   |  | 2.40   | CITY-ST-        | ZIP  |   |
| TITLE   | V  | ☐ DELETE   | 3.1 Ti | ITLE            |  | ☐ Change ☐ Addition   |
| NAME  | Cortese, aldo                                      |  | 3.2 N  | 3.2 NAME        |  |   |
| STREET ADDRESS  | 3783 N. STATE RD 426                               |  | 3.3 S  | TREET AC        | DRESS  |   |
| CITY-ST-ZIP   | OVIEDO FL  |  | 3.4. 0 | CITY-ST-        | ZIP  |   |
| TITLE   | P  | ☐ DELETE   | 4.1 TI | ITLE            |  | ☐ Change ☐ Addition   |
| NAME  | <b>G</b> ALLEGOS, LINDA HAYES                      |  | 4. 2 N | NAME            |  |   |
| STREET ADDRESS  | 7306 SWALLON RUN                                   |  | 4.3 S  | TREET AD        | DRESS  |   |
| CITY-ST-ZIP   | WINTER PARK FL                                     |  | _      | ITY-ST-         | ZIP  |   |
| TITLE   | D  | DELETE   | 5.1 T  |                 |  | Change Addition   |
| NAME  | CUMMINGS, JOSEFA                                   |  | 5.2 N  |                 | 1  |   |
| STREET ADDRESS  | 2421 BONNEVILLE DR                                 |  |        | TREET AD        |  |   |
| CITY-ST-ZIP   | ORLANDO FL   | DELETE   | -      | (TY-ST-         | ŽIP  | ☐ Change ☐ Addition   |
| TITLE   | D<br>BALLHDA MODA                                  | L. Vetelt  | 6.1 T) |                 |  | LI Change LI Addition   |
| NAME<br>CONTEST ADDRESS   | PALMIRA MORA                                       |  | 6.2 N  |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |
| STREET ADDRESS  | SS 9586 LINGWOOD TRL 63                            |  | 6.3 \$ | TREET AC        | IDHESS   |   |

14. Thereby 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.

**FILED** 

May 20 1998 8:00am

Secretary of State