

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N18535

1. Entry Name

HISPANIC-AMERICAN LYRIC THEATRE, INC.



Principal Place of Business

9130 SW 123 AVE CT
MIAMI, FL 33186-7185 US

Mailing Address

9130 SW 123 AVE CT
MIAMI, FL 33186-7185 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2768848

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTOX, GEORGE
9130 SW 123 AVE CT
MIAMI, FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MATTOX, GEORGE
STREET ADDRESS 9130 SW 123 AVE CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD ☐ Delete
NAME VASSILEY, MIA
STREET ADDRESS 11 FARREY LANE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD ☐ Delete
NAME FERNANDEZ, BARBARA
STREET ADDRESS 9724 SW 138 AVE
CITY-ST-ZIP MIAMI, FL 33186

TITLE TD ☐ Delete
NAME MATTOX, TERESA C
STREET ADDRESS 9130 SW 123 AVE COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000864856
CITY-ST-ZIP 04/07/08-80004-013 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

MARCH 18, 2008

Date

(305) 596-5352

Daytime Phone #