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Apr 09 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 # N32558 (1)  
1. Corporation Name

HISPANIC SOCIETY U.S. POSTAL SERVICES, INC.



Principal Place of Business

Mailing Address

5610 SW 112TH AVENUE  
MIAMI FL 33173  
US

P.O. BOX 830001  
MIAMI FL 33283-0001  
US

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

3. Date Incorporated or Qualified  
05/30/1989

3a. Date of Last Report  
01/24/1996

4. FEI Number  
65-0193346

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CINTRON, SERAFIN  
5610 SW 112 AVE.  
MIAMI FL 33173

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 of the registered agent or the agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME CINTRON, SERAFIN  
STREET ADDRESS 5610 SW 112 AVE.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Saballos, Douglas A.  
1.3 STREET ADDRESS 9221 SW 134 PLACE  
1.4 CITY-ST-ZIP MIAMI-FL 33186-1535

TITLE TD ☒ DELETE  
NAME FERNANDEZ, CARLOS M.  
STREET ADDRESS 450 NW 53RD AVENUE  
CITY-ST-ZIP MIAMI FL

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME FERRER, Haydee  
2.3 STREET ADDRESS 3341 SW 94th St.  
2.4 CITY-ST-ZIP MIAMI-FL 33165

TITLE SD ☐ DELETE  
NAME SABALLOS, DOUGLAS A.  
STREET ADDRESS 9221 SW 134 PLACE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME CANO, Nelson  
3.3 STREET ADDRESS 8805 SW 43 Terr  
3.4 CITY-ST-ZIP MIAMI-FL 33155

TITLE VD ☒ DELETE  
NAME GONZALEZ, CARLOS  
STREET ADDRESS 3350 NE 192 ST. J-1  
CITY-ST-ZIP N. MIAMI FL

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME Viamonte, Jorge  
4.3 STREET ADDRESS 9375 SW 37 Street  
4.4 CITY-ST-ZIP MIAMI-FL 33165

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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.

032E037 (9/96)