

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90016 005 ****70.00

DOCUMENT # N33141

1. Corporation Name

HISPANIC THEATER GUILD CORPORATION

Principal Place of Business

5034 SW 140TH COURT
MIAMI FL 33175

Mailing Address

PO BOX 141452
MIAMI FL 33114-1452
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/07/1989

4. FEI Number

65-0131464

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

9. Name and Address of Current Registered Agent

MARTELL, PEDRO, PA
717 PONCE DE LEON BLVD
#319
MIAMI FL 33134

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

Maria Elena Gomez
Signature, typed or printed name of registered agent and title if applicable.

MARIA ELENA GOMEZ 2

DATE

5/1/99

12. OFFICERS AND DIRECTORS

☐ DELETE

T
NAME GOMEZ, MARIA ELENA
STREET ADDRESS 7520 SW 93 AVE
CITY-ST-ZIP MIAMI FL

D
NAME FONDEVILA, MARIANO
STREET ADDRESS 1 ALHAMBRA CIRCLE, APT. 503
CITY-ST-ZIP CORAL GABLES FL

D
NAME CASANOVA, MARCOS
STREET ADDRESS 5034 SW 140 CT.
CITY-ST-ZIP MIAMI FL

P
NAME SANCHEZ, RAMON
STREET ADDRESS 3102 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES FL

VD
NAME MARTELL, PEDRO
STREET ADDRESS 717 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI FL

S
NAME CASTIELLO, ROSA
STREET ADDRESS P O BOX 141287 NA
CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Elena Gomez
MARIA ELENA GOMEZ 2

Date

5/1/99

Daytime Phone #

CR2E037 (11/98)