

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000611 (5)

1. Corporation Name

**HISPANIC-AMERICAN PROFESSIONAL PHOTOGRAPHER U.S.
A. INC.**



Principal Place of Business

Mailing Address

**8473 S.W. 40TH STREET
MIAMI FL 33155**

**8473 S.W. 40TH STREET
MIAMI FL 33155**

3. Date Incorporated or Qualified
12/02/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0412305

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

**GONZALEZ, PEDRO
8473 S.W. 40TH STREET
MIAMI FL 33155**

81 Name

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

83

Same

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PINO, NESTOR
STREET ADDRESS 5291 W. 22ND COURT
CITY-ST-ZIP HIALEAH FL 33016 ☒ DELETE

1.1 TITLE PD
1.2 NAME Dominop Sanchez
1.3 STREET ADDRESS 3816 S.W. 69 WAT
1.4 CITY-ST-ZIP MIRAMAR, FL 33023 ☐ Change ☐ Addition

TITLE SD
NAME GONZALEZ, PEDRO A.
STREET ADDRESS 8473 S.W. 40TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☒ DELETE

2.1 TITLE VD
2.2 NAME 26 RE CEJAS
2.3 STREET ADDRESS 17455 N.W. 67 CT
2.4 CITY-ST-ZIP MIAMI FL 33015 ☐ Change ☐ Addition

TITLE TD
NAME LAGUILLO, SAUL
STREET ADDRESS 2700 S.W. 36TH AVENUE
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

3.1 TITLE SD
3.2 NAME Carlos Gutierrez
3.3 STREET ADDRESS 465 W. 11 CT
3.4 CITY-ST-ZIP HIALEAH FL 33010 ☐ Change ☐ Addition

TITLE PD
NAME MARTINEZ, JUAN
STREET ADDRESS 8211 SW 29 ST
CITY-ST-ZIP MIAMI FL 33155 ☒ DELETE

4.1 TITLE TD
4.2 NAME SAUL Laguillo
4.3 STREET ADDRESS 2700 S.W. 36 Ave
4.4 CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dominop Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominop Sanchez 4/1/95 (305) 961-3191

Date

Daytime Phone #

CR2E037 (12/95)