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FILED  
Apr 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

65-0412305

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

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 ☐ DELETE

NAME DOMINGO, SANCHEZ  
STREET ADDRESS 3816 SW 69 WAY  
CITY-ST-ZIP MIRAMAR FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME ZERE CEJAS  
STREET ADDRESS 17455 NW 67 CT  
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME CARLOS GUTIERREZ  
STREET ADDRESS 485 W 11 CT  
CITY-ST-ZIP HIALEAH FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SAUL LAGUILLO  
STREET ADDRESS 2700 SW 36 AVENUE  
CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

300002496943  
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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.

SIGNATURE:

*[Signature]*

4/14/98

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