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Feb 13 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 # N94000001793 (8)

1. Corporation Name

HISPANIC AMERICAN POLITICAL ACTION COMMITTEE INC



Principal Place of Business

Mailing Address

802 LEOPARD TRAIL  
WINTER SPRINGS FL 32708

P.O. BOX 300523  
FERN PARK FL 32730-0523

3. Date Incorporated or Qualified  
04/12/1994

3a. Date of Last Report  
01/31/1996

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

4. FEI Number  
59-3242833

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

PAGAN, MIGUEL E  
1060 PROVIDENCE LANE  
OVIEDO FL 32765

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 P ☐ DELETE  
NAME MARTINEZ, EDWARD JR  
STREET ADDRESS 802 LEOPARD TRAIL  
CITY - ST - ZIP WINTER SPRINGS FL 32708

1.1 TITLE TREASURER ☐ Change ☒ Addition  
1.2 NAME Miguel E. Pagan  
1.3 STREET ADDRESS 1060 Providence Lane  
1.4 CITY - ST - ZIP Oviedo, FL. 32765

TITLE V ☐ DELETE  
NAME RIVERA, CARMEN GLADYS  
STREET ADDRESS 988 DINERO DRIVE  
CITY - ST - ZIP WINTER SPRINGS FL 32765

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

TITLE D ☐ DELETE  
NAME MARTINEZ, BLANCA L  
STREET ADDRESS 802 LEOPARD TRAIL  
CITY - ST - ZIP WINTER SPRINGS FL 32765

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

TITLE D ☐ DELETE  
NAME SANCHEZ, DIEGO J  
STREET ADDRESS 310 RIUNITE CIRCLE  
CITY - ST - ZIP WINTER SPRINGS FL 32708

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

TITLE D ☐ DELETE  
NAME LAMOUR, ALEX  
STREET ADDRESS 2237 BLOSSOM TERRACE  
CITY - ST - ZIP ORLANDO FL 32839

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 as an attachment with an address.

SIGNATURE:

Miguel E. Pagan, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97

4073657604  
Daytime Phone # 0013775

CR2E037 (9/96)