

FILE NOW: FILING FEE AFTER MAY 1-16-\$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 9:24

DOCUMENT # N94000002565 (9)

1. Corporation Name

HISPANIC HARLEY OWNERS CLUB - SOUTHERN FLORIDA CHAPTER, INC.

Principal Place of Business

9210 S.W. 134 PLACE
MIAMI FL 33186

Mailing Address

9210 S.W. 134 PLACE
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report

4. FEI Number
65-0501963

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZALDIVAR, JULIO
9210 S.W. 134 PLACE
MIAMI FL 33186**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ZALDIVAR, JULIO
STREET ADDRESS	9210 S.W. 134 PLACE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	VD
NAME	MUINA, ARTURO
STREET ADDRESS	10433 S.W. 133 PLACE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	SD
NAME	BOSQUE, RAUL
STREET ADDRESS	14323 S.W. 106 TERRACE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	TD
NAME	PEREZ, FRANK
STREET ADDRESS	1231 LISBON STREET
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	VD
23 STREET ADDRESS	FERNANDEZ, MARIO
24 CITY - ST - ZIP	6720 S.W. 7th ST.
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	PD
43 STREET ADDRESS	147.62 S.W. 82nd Ave
44 CITY - ST - ZIP	MIAMI, FL 33193
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number