

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 # 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

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

21 6720 SW 7TH ST

2a. Mailing Address

26 P.O. Box 16412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33144

Country

Zip

29 33116

Country

30

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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ZALDIVAR, JULIO
STREET ADDRESS 9210 S.W. 134 PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ DELETE

NAME FERNANDEZ, MARIO
STREET ADDRESS 6720 SW 7TH ST
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME BOSQUE, RAUL
STREET ADDRESS 14323 S.W. 106 TERRACE
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☒ DELETE

NAME BARKER, ROBERT
STREET ADDRESS 14762 SW 82 TERR
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRES/DIRECTOR ☐ Change ☒ Addition

1.2 NAME TRISTAN GUADALUPE
1.3 STREET ADDRESS 7030 SW 98 AVE
1.4 CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition

4.2 NAME ALEX MARBAN
4.3 STREET ADDRESS 6406 SW 132 CT CIR
4.4 CITY-ST-ZIP MIAMI FL 33183

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)