

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 03 1998 8:00am
Secretary of State

DOCUMENT # N94000002565 (9)

1. Corporation Name

HISPANIC HARLEY OWNERS CLUB - SOUTHERN FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

6720 SW 7TH ST
MIAMI FL 33144
US

P O BOX 164412
MIAMI FL 33116
US



3. Date Incorporated or Qualified

05/23/1994

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. 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

2. Principal Place of Business

21 P.O. Box 164412

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI Florida

28 City & State

29 City & State

24 Zip

33116

25 Country

USA

29 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CUADRADO, TRISTAN	
STREET ADDRESS	7030 SW 98 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, MARIO	
STREET ADDRESS	6720 SW 7TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOSQUE, RAUL	
STREET ADDRESS	14323 S.W. 108 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARBAN, ALEX	
STREET ADDRESS	6406 SW 132 CT CIR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T - B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTURO S. MUJICA	
1.3 STREET ADDRESS	P.O. Box 164435	
1.4 CITY-ST-ZIP	MIAMI, FL 33116	
2.1 TITLE	P - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PELRO MENDOZA	
2.3 STREET ADDRESS	5934 SW 34 STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE	V - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALEJANDRO VAZQUEZ, JR.	
3.3 STREET ADDRESS	2061 NW 2 STREET	
3.4 CITY-ST-ZIP	MIAMI, FLA. 33125	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: ARTURO S. MUJICA 01/28/98 (205) 2200226

CR2E037 (10/97)