

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000002034 (5)**

1. Corporation Name

**HISPANIC AMERICAN SPORTS ASSOCIATION, INC.**



Principal Place of Business

**8702 BRACKENWOOD DRIVE  
ORLANDO FL 32829**

Mailing Address

**8702 BRACKENWOOD DRIVE  
ORLANDO FL 32829**

3. Date Incorporated or Qualified

**04/24/1995**

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

**GONZALEZ, DAGOBERTO  
8702 BRACKENWOOD DRIVE  
ORLANDO FL 32829**

4. FEI Number

**59-3326086**

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

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, DAGOBERTO</b>	
STREET ADDRESS	<b>8702 BRACKENWOOD DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32829</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOPEZ, AXEL</b>	
STREET ADDRESS	<b>12302 LEEKS</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOPEZ, EVANA</b>	
STREET ADDRESS	<b>12302 LEEKS</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, PATRICIA</b>	
STREET ADDRESS	<b>8702 BRACKENWOOD DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32829</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD GONZALEZ, PATRICIA</b>
2.3 STREET ADDRESS	<b>8702 BRACKENWOOD DRIVE</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32829</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD Raul-Bollen</b>
3.3 STREET ADDRESS	<b>1936 Wood Crest Drive</b>
3.4 CITY-ST-ZIP	<b>WINTER PARK FL 32972</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD Alba Lucia Sanchez</b>
4.3 STREET ADDRESS	<b>1936 Wood Crest Drive</b>
4.4 CITY-ST-ZIP	<b>WINTER PARK FL 32972</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>700001898837</b>
5.3 STREET ADDRESS	<b>-07/19/96--01005--053</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
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 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**

**7-16-96 (407) 281-8936**

Date

Daytime Phone #

0004750

CR2E037 (3/96)