


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000000594 (9)</b>			
1. Corporation Name <b>FUNDACION CULTURAL HISPANOAMERICANA, INC.</b>			
Principal Place of Business <b>638 VELARDE AVENUE CORAL GABLES FL 33134</b>		Mailing Address <b>638 VELARDE AVENUE CORAL GABLES FL 33134-7045</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. <b>6800 SW 40th St.</b> 22 City & State <b>Miami, Fla</b> 23 Zip <b>33155</b> 24 Country <b>USA</b> 25		2a. Mailing Address 26 <b>PO BOX 290</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
3. Date Incorporated or Qualified <b>02/02/1996</b>		3a. Date of Last Report <b>na</b>	
4. FEI Number <b>#65-0638806</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>TRAVERSARI, GABRIEL 638 VELARDE AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TRAVERSARI, GABRIEL	1.2 NAME	
STREET ADDRESS	638 VELARDE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	DE LA SELVA, MARIA E	2.2 NAME	
STREET ADDRESS	254 FLAGLER DR APT. 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	PALAZIO, MARIA L D	3.2 NAME	
STREET ADDRESS	161 CRANDON BLVD APT 413	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.			
SIGNATURE: <b>GABRIEL TRAVERSARI</b> 1/22/97 305-4439418 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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