
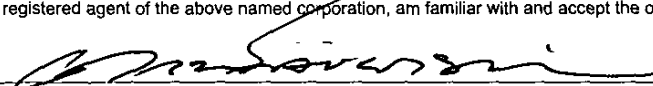


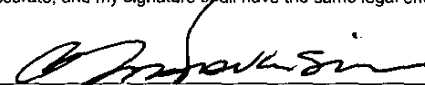
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 JUL -9 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N96000000594							
1. Corporation Name Fundacion Cultural Hispanoamericana, Inc.							
2. Principal Office Address 1444 Biscayne Blvd				3. Mailing Office Address PO BOX 133			
Suite, Apt. #, etc. Suite 160				Suite, Apt. #, etc. 6800 SW 40th St.			
City & State Miami FL.				City & State Miami Fla			
Zip 33132		Country USA		Zip 33155		Country DADE	
4. Date Incorporated or Qualified To Do Business in Florida 2/13/96							
5. FEI Number 65-0638806						Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>						\$3.75 Additional Fee required for a Certificate of Status	

1998-2001 UBR

7. Name and Address of Current Registered Agent			
Name GABRIEL TRAVERSARI		137.50-AR	
Street Address (P.O. Box Number is Not Acceptable) 781 NE 75th St		10.00-ARARTS	
Suite, Apt. #, Etc. 88.75-A-25th St			
City Miami	8.75-CERT	State FL	Zip Code 33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		DATE JUNE 27 2001	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GABRIEL TRAVERSARI	781 NE 75th St Miami FL 33138	Miami FL 33138
D, S	Gloria Sherburne	9148 Byron Ave. Surfside FL 33154	Miami FL 33154
T	Onelio Cejas	1807 SW 23 Terrace Miami FL 33145	Miami FL 33145
D, C	Maria Palazzo	161 Crandon Blvd Key Biscayne FL	Miami FL 33149

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date June 27 2001 Daytime Phone # 305-7626409	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	