

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000000733 (3)**

1. Corporation Name

FESTIVAL DE CINE HISPANO INC.



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| Principal Place of Business 10700 S.W. 88TH COURT MIAMI FL 33176 | Mailing Address 10700 S.W. 88TH COURT MIAMI FL 33176 |
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| 3. Date Incorporated or Qualified 02/12/1996 |
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|--|---|
| 4. FEI Number APPLIED FOR 65-06897 | Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent ANGULO, JAIME 10700 S.W. 88TH COURT MIAMI FL 33176 |
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|---|
| 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 |
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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 | |
|----------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | ANGULO, JAIME |
| STREET ADDRESS | % 10700 S.W. 88TH COURT |
| CITY-ST-ZIP | MIAMI FL 33176 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | MAGAN, JOSE |
| STREET ADDRESS | % 10700 S.W. 88TH COURT |
| CITY-ST-ZIP | MIAMI FL 33176 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | IBANEZ, LIDON |
| STREET ADDRESS | 3191 CORAL WAY SUITE 624 |
| CITY-ST-ZIP | MIAMI FL 33145 |
| TITLE | STV <input type="checkbox"/> DELETE |
| NAME | ANGULO, SUSAN |
| STREET ADDRESS | 3191 CORAL WAY SUITE 624 |
| CITY-ST-ZIP | MIAMI FL 33145 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | ALFONSO NIÑO |
| STREET ADDRESS | 13359 SW 117 AVE |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | DENNIS BEITT |
| STREET ADDRESS | 8890 SW 106 ST |
| CITY-ST-ZIP | MIAMI FL 33176 |

| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jaime L. Angulo* 4-14-98 305.279-1809

CR2E037 (10/97)