

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90054 023 ****61.25

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DOCUMENT # N97000004204

1. Corporation Name

HISPANIC MARKETING & COMMUNICATION ASSOCIATION, INC.

Principal Place of Business

3191 CORAL WAY #615
MIAMI FL 33145

Mailing Address

3191 CORAL WAY #615
MIAMI FL 33145



2. Principal Place of Business

21 **1541 Sunset DRIVE**

Suite, Apt. #, etc.

22 **Suite 201**

City & State

23 **Coral Gables, FL**

Zip

24 **33143**

Country

25 **USA**

2a. Mailing Address

26 **1541 Sunset DRIVE**

Suite, Apt. #, etc.

27 **Suite 201**

City & State

28 **Coral Gables, FL**

Zip

29 **33143**

Country

30 **USA**

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0770430

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MAYRA GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

1541 Sunset DRIVE

83

Suite 201

84 City

Coral Gables

FL

85 Zip Code

33143

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

Mayra Gonzalez

MAYRA GONZALEZ / SECRETARY

4/6/99

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 ☐ DELETE

NAME **TD**

STREET ADDRESS **GONZALEZ, HERNANDO V**

CITY-ST-ZIP **3191 CORAL WAY #615**

MIAMI FL 33145

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **DEL VALLE, ELENA**

CITY-ST-ZIP **3191 CORAL WAY #615**

MIAMI FL 33145

TITLE ☐ DELETE

NAME **VD**

STREET ADDRESS **KERSTEN, SHARON**

CITY-ST-ZIP **3191 CORAL WAY #615**

MIAMI FL 33145

TITLE ☐ DELETE

NAME **SD**

STREET ADDRESS **GONZALEZ, MAYRA**

CITY-ST-ZIP **3191 CORAL WAY #615**

MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1541 Sunset Drive, Suite 201**

1.4 CITY-ST-ZIP **Coral Gables, FL 33143**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **1541 Sunset Drive, Suite 201**

2.4 CITY-ST-ZIP **Coral Gables, FL 33143**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **1541 Sunset Drive, Suite 201**

3.4 CITY-ST-ZIP **Coral Gables, FL 33143**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **1541 Sunset Drive, Suite 201**

4.4 CITY-ST-ZIP **Coral Gables, FL 33143**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Elena Del Valle* **4/6/99 305270-6509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)