FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N98000001027

1. Corporation Name

HISPANIC CONSUMER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20270 NORTHEAST 3 COURT

20270 NORTHEAST 3 COURT

FILED Sep 24, 1999 8:00 am § Secretary of State

09-24-1999 90005 003 ****61.25

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NORTH MIAMI	BEACH FL 33179	NORTH MIAMI BEACH FL 3317	79		.	.		
21	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/23/1998	, , ,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0 815220		plied For	
22		City & State	 		63-0013220	\$8.75 A	t Applicable	
City & State	e	28 City & State			5. Certifcate of Status Desired .	Fee Re		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30]		Trust Fund Contribution	Added to	•	
<u></u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
AMERILAV	NYER	•	82 Street Address (P.O. Box Number is Not Acceptable)					
	RIA AVENUE							
CORAL G	ABLES FL 33134		83					
			84	City	. 61	85 Zip C	Code	
				<u> </u>	FL FL	s changing its	rogistored	
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autho	onzed by	tne corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoint	intment as rec	gistered	
SIGNATURE				 	equired when reinstating) DATE			
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	t signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	
TITLE	PD	□ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	COLON, JOSE A	I	1.2 NAME				i	
STREET ADDRESS	20270 NORTHEAST 3 COURT		1.3 STREET	T ADDRESS		•	'	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9	1.4 CITY-S					
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	CEPEDA, LOUIS		2.2 NAME			و مشيء المداد		
STREET ADDRESS	20270 NORTHEAST 3 COURT		2.3 STREET	FADDRESS	~-			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9	2. 4 CITY-S	T-ZIP				
TITLE	VSD	☐ DELETE	3.1 TITLE		VSD	Change	☐ Addition	
NAME	BROWN, EVELYN	l	3.2 NAME		Colon, Adrianna 109 strathmore Road	·		
STREET ADDRESS	20270 NORTHEAST 3 COURT		3.3 STREET	r address	109 STRATHMORE NOWA			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9	3.4. CITY-S	T-ZIP	Brighton, ma 02135			
TITLE	VD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	ACEVEDO, NEMECIO	l l	4. 2 NAME	ļ				
STREET ADDRESS	20270 NORTHEAST 3 COURT		4.3 STREET	r address		•		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9	4.4 CITY-S	T-ZIP			□ Addition	
TITLE ,		☐ DELETE	5.1 TITLE			Change	Addition	
NAME	{		5.2 NAME 5.3 STREET	T ADDRESS	·			
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S	1-211		☐ Change	Addition	
TITLE		□ vere is	6.2 NAME			C) Originals		
NAME			6.3 STREET	TADORESS I				
STREET ADDRESS	-		6.4 CITY-S	- 1				
CITY-ST-ZIP	1		U.4 CI11-3	1-41-				

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: