

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90287 011 \*\*\*\*61.25

**DOCUMENT # N98000001113**

1. Entity Name  
**HISPANIC HERITAGE, INC.**



Principal Place of Business  
9900 SUNRISE LAKES BLVD  
204  
FORT LAUDERDALE, FL 33322

Mailing Address  
10117 W. OAKLAND PARK BLVD  
324  
FORT LAUDERDALE, FL 33351

2. Principal Place of Business  
**2109 NOVA VILLAGE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**2109 NOVA VILLAGE DR**  
Suite, Apt. #, etc.



04272004 Chg-NP CR2E037 (10/03)

City & State  
**DAVIE - FL**

City & State  
**DAVIE - FL**

4. FEI Number  
**65-0925612**

Applied For  
Not Applicable

Zip  
**33317**

Country  
**BROWARD**

Zip  
**33317**

Country  
**BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS AVERBUJ, VICTOR**  
**4640 SW 64TH AVE**  
**DAVIE, FL 33314**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WILLIAMS AVERAUJ, VICTOR**  
STREET ADDRESS **4640 SW 64 AVE**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, CRISTINA**  
STREET ADDRESS **2109 NOVA VILLAGE DR**  
CITY-ST-ZIP **DAVIE, FL 33317**

TITLE **D** ☐ Delete  
NAME **AVERAUJ, PABLO**  
STREET ADDRESS **2109 NOVA VILLAGE DR**  
CITY-ST-ZIP **DAVIE, FL 33317**

TITLE **D** ☐ Delete  
NAME **AVERBUT, ROGER N**  
STREET ADDRESS **5100 DAVIE RD #101**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/04**  
Date

**(954) 797-9050**  
Daytime Phone #