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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059475

1. Corporation Name
Hispana Inmigracion and Similares

Principal Place of Business
12238 SW 17 LN #101
Miami, FL. 33175

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 16, 1996

4. FEI Number: 65-0692461 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 12238 SW 17 LN	26 12238 SW 17 LN #101
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33175 Country 25 USA	Zip 29 33175 Country 30 USA

9. Name and Address of Current Registered Agent

ORLANDO J. SALAS
12238 SW 17 LN # 101
MIAMI, FL. 33175

10. Name and Address of New Registered Agent

81 Name: NONE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ MAY 27, 98
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	President	☐ DELETE
NAME	Orlando J. SALAS	
STREET ADDRESS	12238 SW 17 LN #101	
CITY-ST-ZIP	Miami, FL. 33175	
TITLE	Vice-President	☐ DELETE
NAME	MAYRA SALAS	
STREET ADDRESS	12238 SW 17 LN #101	
CITY-ST-ZIP	Miami, FL. 33175	
TITLE	TREASURER	☐ DELETE
NAME	MARIA REYES	
STREET ADDRESS	3138 NW 32 st	
CITY-ST-ZIP	Miami, FL. 33142	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	NONE	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	700002578917	
5.3 STREET ADDRESS	-07/02/98--01041--002	
5.4 CITY-ST-ZIP	***8.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	700002578917	
6.3 STREET ADDRESS	-07/02/98--01041--001	
6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 05-27-98 (305) 228 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #