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FILED
Jun 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000071723 (6)

1. Corporation Name
ISSA HISPANIC DIVISION INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

21 9245 NW 49TH PL

Suite, Apt. #, etc.

22

City & State

23 SUNRISE, FLORIDA

24 Zip 33351

Country U.S.

25

City & State

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

City & State

31

Suite, Apt. #, etc.

32

City & State

33

Zip

34

Country

35

City & State

36

Suite, Apt. #, etc.

37

City & State

38

Zip

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Country

40

City & State

41

Suite, Apt. #, etc.

42

City & State

43

Zip

44

Country

45

City & State

3. Date Incorporated or Qualified
08/14/1996

3a. Date of Last Report

4. FEI Number

65-0756128

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, JOSE M
10227 NW 6TH STREET CIRCLE STE 201
MIAMI FL 33172

81 Name

MARCO OSSA

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

9245 NW 49TH PLACE

83

City

SUNRISE

FL

85 Zip Code

33351

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☒ Addition ☐

DELETE

Change ☐ Addition ☐

OK

Change ☐ Addition ☐

OK

Change ☐ Addition ☐

OK

Change ☐ Addition ☐

OK

Change ☐ Addition ☐

OK

14. I do 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 any attachment with an address.

CR2E034 (9/96)