

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000082279

1. Corporation Name

HISPANIC HERALDRY AND GENEALOGY RESEARCH CENTER,
INC.

Principal Place of Business

1800 WEST 49 STREET
#324B
HIALEAH FL 33012

Mailing Address

1800 WEST 49 STREET
#324B
HIALEAH FL 33012

2. Principal Place of Business

21 2714 PONCE DE LEON BLVD

Suite, Apt. #, etc.

22 City & State

23 CORAL GABLES

24 33134 25 DADE

2a. Mailing Address

26 2714 PONCE DE LEON BLVD

Suite, Apt. #, etc.

27 City & State

28 CORAL GABLES

29 33134 30 DADE

9. Name and Address of Current Registered Agent

HAGEN, MAX M ESQ.
3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

10/04/1996

4. FEI Number

65-0772002

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

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 PSTD
NAME BAUFFARTIQUE, JOSE R
STREET ADDRESS 1800 WEST 49 STREET
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CORRECTION:

☐ Change

☐ Addition

BOUFFARTIQUE

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

C.E.O.
QUINONES, AMELIA
1800 W 54 ST # 411
HIALEAH FL 33012

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

29 MARCH 99

305 4411997

Date

Daytime Phone #

CR2F034 (11/98)