

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S64173** (5)

1. Corporation Name

HIALEAH LATIN AMERICAN, INC



Principal Place of Business

**675 EAST 9TH ST.
HIALEAH FL 33010**

Mailing Address

**675 EAST 9TH ST.
HIALEAH FL 33010**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, MAIRELY
631 EAST 9ST
HIALEAH FL 33010**

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 of registered agent and the corporation (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**PD
RODRIGUEZ, MAIRELY
631 E. 9TH ST.
HIALEAH FL 33010**

12 NAME
13 STREET ADDRESS

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME
23 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME
33 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME
43 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME
53 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME
63 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mairely Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96
Date

305-8870044
Daytime Phone #

CR2E034 (12/95)