

**ANNUAL REPORT
1995**

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 3:14

DOCUMENT # 747528 (8)

1. Corporation Name
LATVIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 22-1955 P.O. BOX 22-1955
HOLLYWOOD FL 33022 HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/06/1979 02/25/1994
4. FEI Number Applied For
59-1918063 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BERZINS, LUDIS
1335 RODMAN ST
HOLLYWOOD FL 33019**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERZINS, LUDIS	1.2 NAME	
STREET ADDRESS	1335 RODMAN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUZULIS, EMMA	2.2 NAME	
STREET ADDRESS	450 SE 7TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	DANIA FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUZULIS, JAMES	3.2 NAME	
STREET ADDRESS	450 SE 7TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	DANIA FL	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERGS, MRDZA	4.2 NAME	
STREET ADDRESS	2800 NW 58TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANS, ALFONS	5.2 NAME	
STREET ADDRESS	117 SE 7TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTS, JANIS	6.2 NAME	
STREET ADDRESS	1427 E HILLSBORO BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	6.4 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Ludis Berzins* **LUDIS BERZINS, PRES. 9-28-1995. 305-9236056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)