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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 747528 (8)

1. Corporation Name

LATVIAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 22-1955  
HOLLYWOOD FL 33022

P.O. BOX 22-1955  
HOLLYWOOD FL 33022-1955

3. Date Incorporated or Qualified  
06/06/1979

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 3574 N. ANDREWS AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 OAKLAND PARK

27

City & State

City & State

23 FLORIDA

28

Zip

Country

Zip

Country

24 33309

25

BROWARD

29

30

4. FEI Number  
59-1918063

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

BERZINS, LUDIS  
1335 RODMAN ST  
HOLLYWOOD FL 33019

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 617.0502 and 617.1508, 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 617.0503, 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 PD  DELETE  
NAME BERZINS, LUDIS  
STREET ADDRESS 1335 RODMAN ST  
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE SD  DELETE  
NAME PAUZULIS, EMMA  
STREET ADDRESS 450 SE 7TH ST  
CITY-ST-ZIP DANIA FL

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

TITLE D  DELETE  
NAME BRIEZE, MILDA  
STREET ADDRESS 4306 E TRADEWIND  
CITY-ST-ZIP LAUDERDALE-BY-THE SEA FL

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

TITLE TD  DELETE  
NAME OZOLS, EIZENS  
STREET ADDRESS 4821 NW 22 COURT #105  
CITY-ST-ZIP LAUDERHILL FL

4.1 TITLE  Change  Addition  
4.2 NAME TD  
4.3 STREET ADDRESS DZIDRA BRENDE.  
4.4 CITY-ST-ZIP 1340 NE 27TH PAMPANO BEACH, FLORIDA 33062

TITLE VM  DELETE  
NAME HARTMANIS, ALFONS  
STREET ADDRESS 117 SE 7TH AVE  
CITY-ST-ZIP BOYNTON BCH FL

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

TITLE D  DELETE  
NAME VENTS, JANIS  
STREET ADDRESS 1427 E HILLSBORO BLVD  
CITY-ST-ZIP DEERFIELD BCH FL

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

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

SIGNATURE: Ludis Berzins P.D. (LUDIS) BERZINS 2-24-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6023548

CR2E037 (9/96)