FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am DOCUMENT # N0000006965 **Secretary of State** 07-12-2001 90113 004 ****61.25 HERMANDAD OBRERA LATINO AMERICANA, INC. Principal Place of Business Mailing Address 34 S W 21ST AVENUE 34 S W 21ST AVENUE **MIAMI FL 33135** MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HADANI, SHARON SAMUELS 1900 SANS SOUCI BLVD., #208 N. MIAMI FL 33181 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 💸 11. Addition (5/01 TITLE -☐ Delete TITI F ☐ Change GONZALEZ, MANUEL P NAME NAME 34 S W 21ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP **MIAMI FL 33135** ☐ Change ☐ Addition TITLE TITLE Delete **FUERTE, GUSTAVO** NAME NAME 1470 W. 41ST STREET, #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33012 Change ☐ Addition TITLE ☐ Delete TITLE GAVILAN, ROSARIO NAME NAME STREET ADDRESS 1385 N W 24TH STREET, #1 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

MANUEL P. GO JVALEY.

SIGNATURE:

Miraich Emile ED Paes

7/9/01 305-898-7664