

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08848** (6)
1. Corporation Name
LOS FLORIDANOS SOCIAL CLUB, INC.

Principal Place of Business Mailing Address
1855 W. 60 ST. #410 **1855 W. 60 ST. #410**
LUIS R GARCIA **LUIS R GARCIA**
HIALEAH FL 33012-7506 **HIALEAH FL 33012-7506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1985	3a. Date of Last Report 03/31/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARCIA, LUIS R. 1855 W. 60 ST. #410 HIALEAH FL 33012		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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LEAL, EUTIMIO	11 TITLE PD	Jose Luis Sanchez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS 3598 W 14TH AVE		13 STREET ADDRESS 1750 W 46 St # 442	
CITY - ST - ZIP HIALEAH FL		14 CITY - ST - ZIP Hialeah, FL 33012	
TITLE VP	BARRERO, BENIGNO	21 TITLE VP	Eduardo Rimblas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS 660 W 72ND PLACE		23 STREET ADDRESS 5920 E 4th. Ave	
CITY - ST - ZIP HIALEAH FL		24 CITY - ST - ZIP Hialeah, FL 33013	
TITLE SD	GOIZUETA, TERESA	31 TITLE SD	Edmundo de la Torre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS 9717 SW 7TH ST.		33 STREET ADDRESS 1800 NW 24th. Ave # 617	
CITY - ST - ZIP MIAMI FL		34 CITY - ST - ZIP Miami, FL 33125	
TITLE VS	RIMBLAS, LOUIS	41 TITLE VS	Ramon Ramirez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS 345 OCEAN DR #810		43 STREET ADDRESS 2735 W 61th. St. # 101	
CITY - ST - ZIP MIAMI BCH FL		44 CITY - ST - ZIP Hialeah/ FL 33016	
TITLE TD	REYES, ALBERTO M	51 TITLE TD	Hilda Suarez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS 9949 NW 27TH TERRACE		53 STREET ADDRESS 3610 SW 5th. St.	
CITY - ST - ZIP MIAMI FL		54 CITY - ST - ZIP Miami, FL 33135	
TITLE VT	LEAL, ENEIDO	61 TITLE VT	Fernando Regalado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS 60 E 11TH ST		63 STREET ADDRESS 846 W 31 St	
CITY - ST - ZIP HIALEAH FL		64 CITY - ST - ZIP Hialeah FL 33012	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Edmundo de la Torre* **Edmundo de la Torre, Secretary** Date **04-11-95** (305) 434-5251