

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08848 (6)

1. Corporation Name

LOS FLORIDANOS SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

1855 W. 60 ST. #410
%LUIS R GARCIA
HIALEAH FL 33012-7586

1855 W. 60 ST. #410
%LUIS R GARCIA
HIALEAH FL 33012-7586

3. Date incorporated or Qualified
04/22/1985

3a. Date of Last Report
04/17/1995

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

4. FEI Number

NOT APPLICABLE

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

**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 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE L.	
STREET ADDRESS	1750 W 46 ST #442	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RIMBLAS, EDUARDO	
STREET ADDRESS	5920 E 4TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DE LA TORRE, EDMUNDO	
STREET ADDRESS	1800 NW 24 AVE #617	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	RAMIREZ, RAMON	
STREET ADDRESS	2735 W 61 ST #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, HILDA	
STREET ADDRESS	3610 SW 5TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	REGALADO, FERNANDO	
STREET ADDRESS	846 W 31 ST	
CITY-ST-ZIP	HIALEAH FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESTRADA, MANUEL	
1.3 STREET ADDRESS	1241 E. 8th. Ave.	
1.4 CITY-ST-ZIP	Hialeah, FL 33010	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA, LUIS R.	
2.3 STREET ADDRESS	1855 W. 60th. St. #410	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GOIZUETA, TERESA	
3.3 STREET ADDRESS	9717 SW. 7th. St.	
3.4 CITY-ST-ZIP	Miami, FL 33174	
4.1 TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTINEZ, FELICIA	
4.3 STREET ADDRESS	600 NW. 132nd. Pl.	
4.4 CITY-ST-ZIP	Miami, FL 33182	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RIMBLAS, MINERVA	
5.3 STREET ADDRESS	5920 E. 4th. Ave.	
5.4 CITY-ST-ZIP	Hialeah, FL 33013	
6.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VALDIVIA, RIGOBERTO	
6.3 STREET ADDRESS	9221 SW. 22nd. Ter.	
6.4 CITY-ST-ZIP	Miami, FL 33165	

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

SIGNATURE: *Minerva Rimblas* **Minerva Rimblas, Treasurer**

4/15/96

(305) 822-5898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)