## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N08848

(6)

LOS FLORIDANOS SOCIAL CLUB, INC.

| Principal Place  | e of Business  | Mailing Address   |                     |                    |                    |   | U HERRITALI DILI BOLDI 1861DI 1861DI DILDIK KELI DIDIL |          |                            |                                |
|--|--|---|---------------------|--------------------|--------------------|---|--|----------|----------------------------|--------------------------------|
| 1855 W. 60 ST#410<br>%LUIS R GARCIA<br>HIALEAH FL 33012-7586 |  | 1855 W. 60 ST#410<br>%LUIS R GARCIA<br>HALEAH FL 33012-7586 |                     |                    |                    |   |  |          |                            |                                |
| MALEAN FL 33   | JU12-1360  | NACEAN FE 33012-7390  | HLEAN FL 33012-7300 |                    |                    | 3.  | 3. Date Incorporated or Qualified 04/22/1985 3a. Date of Last Report 04/22/1996                                    |          |                            |                                |
| 2. Principal Pi  | Place of Business  | 2a. Mailing Address<br>26                                   |                     |                    | 4.                 | NOT APPLICABLE                                      | Applied For Not Applicable   |          |                            |                                |
| Suite, Apt. #, elc   |  | Suite, Apt. #, etc.   |                     |                    | 5.                 | Certificate of Status Desired                       | \$8.75 Additional Fee Required   |          |                            |                                |
| City & State   |  | City & State  |                     |                    | 6.                 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees  |          |                            |                                |
| Zιρ  | Country  | Ζιρ   | Cou                 | untry              |                    | 8.  | This corporation has liability for i   |          |                            | s. 199.032,                    |
| 24   | 25   | 29  | 30                  |                    |                    |   |  | Yes      |                            |                                |
|  | 9. Name and Address of Currer  | nt Registered Agent   |                     |                    |                    | 10.   | Name and Address of New Re   | gistered | Agent                      |                                |
|  |  |   |                     | 81                 | Name               |   |  |          | -                          |                                |
| GARCIA,<br>1855 W.   | , Luis R.<br>60 st   |   |                     | 82                 | Street Add         | dress (F  | P.O. Box Number is Not Acceptab  | le)      |                            | 777-11-01-0-1                  |
| #410   |  |   |                     | 83                 |                    |   |  |          |                            |                                |
|  | H FL 33012   |   |                     | 84                 | City               |   |  | FL       | . 1 1                      | Code                           |
| office or r  | to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig | of Florida. Such change was                                 | authorize           | o by               | the corpora        | rporatio<br>ation's I                               | in submits this statement for the popular of directors. I hereby accept  | urpose o | f changing<br>pointment as | its registered<br>s registered |
| SIGNATURE  | Signature typed or printed name of registered ag-  | eri and title if applicable. (NO                            | TE Registere        | d Age              | nt signature requ  |   |  | DATE     |                            |                                |
| 12.  | T  | OFFICERS AND DIRECTORS                                      |                     |                    |                    |   | ADDITIONS/CHANGES TO OFFIC   | ERS AN   |                            |                                |
| TITLE  | PD   | ☐ DELETE  | 1.1 T               | ITLE               |                    |   |  |          | Change                     | Addition                       |
| NAME   | ESTRADA, MANUEL  |   |                     | 1,2 NAME           |                    |   |  |          |                            |                                |
| STREET ADDRESS   | 1241 E. 8TH AVE  |   | 1.3 S               | TREET              | ADDRESS            |   |  |          |                            |                                |
| CHTY - ST - ZIP  | HIALEAH FL   |   |                     | ITY-S              | T-ZIP              |   |  |          |                            |                                |
| TITLE  | VP   | ☐ DELETE  | 2.17                | ITLE               |                    |   |  |          | Change                     | Addition                       |
| NAME   | GARCIA, LUIS R.  |   | 2.2 N               | IAME               | ļ                  |   |  |          |                            |                                |
| STREET ADDRESS   | 1855 W 60TH ST #410  |   | 235                 | 2 3 STREET ADDRESS |                    |   |  |          |                            |                                |
| CHY-ST-ZIP   | HIALEAH FL   |   |                     | 2 4 City-St-ZiP    |                    |   |  |          | ·                          | ·····                          |
| TITLE  | SD   | ☐ DELETE  | 311                 | ITLE               | l                  |   |  |          | Change                     | Addition                       |
| NAME   | GOIZUETA, TERESA   |   | 3.2 N               | AME                |                    |   |  |          |                            |                                |
| STREE LADORESS   | 9717 SW 7TH ST   | 3.3   |                     |                    | 3.3 STREET ADDRESS |   |  |          |                            |                                |
| CITY-ST-ZIP  | MIAMI FL   |   | 3.4. (              | CITY - S           | ST-ZIP             |   |  |          |                            | <del></del>                    |
| TOTLE  | VS   | ☐ DELETE  | 4.1 1               | TLE                |                    |   |  |          | Change                     | Addition                       |
| NAME   | MARTINEZ, FEILICIA   |   | 4. 2                | NAME               |                    |   |  |          |                            |                                |
| STREET ADDRESS   | 600 NW 132ND PL  |   | 4.3 S               | TREET              | ADDRESS            |   |  |          |                            |                                |
| CITY-ST-ZIP  | MIAMI FL   |   |                     | 4.4 CITY-ST-ZIP    |                    |   |  |          | ******                     |                                |
| TITLE  | TD   | ☐ DELETE  | 511                 | ITLE               |                    |   |  |          | Change                     | Addition                       |
| NAME   | RIMBLAS, MINERVA   |   | 5.2 N               | IAME               |                    |   |  |          |                            |                                |
| STREET ADDRESS   | 5920 E 4TH AVE   |   | 5.3 9               | TAEET              | ADDRESS            |   |  |          |                            |                                |
| CITY ST ZIP  | HIALEAH FL   |   | 5.4 (               | ITY-S              | T-ZIP              |   |  |          |                            |                                |
| TOLE   | Vī   | DELETE  | 6.1 T               |                    |                    |   |  |          | Change                     | Addition                       |
| NAME   | VALDIVIA, RIGOBERTO  |   | 6.21                | IAME               |                    |   |  |          |                            |                                |
| STREET ADDRESS   | ****   |   | 1                   |                    | ADDRESS            |   |  |          |                            |                                |

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.