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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08848 (6)

1. Corporation Name
LOS FLORIDANOS SOCIAL CLUB, INC.

Principal Place of Business 1855 W. 60 ST..#410 %LUIS R GARCIA HIALEAH FL 33012-7586	Mailing Address 1855 W. 60 ST..#410 %LUIS R GARCIA HIALEAH FL 33012-7586
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 04/22/1985	
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARCIA, LUIS R.
1855 W. 60 ST.
#410
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, MANUEL	
STREET ADDRESS	1244 E. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARCIA, LUIS R.	
STREET ADDRESS	1855 W. 60TH ST #410	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOIZUETA, TERESA	
STREET ADDRESS	9717 SW 7TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTINEZ, FELICIA	
STREET ADDRESS	600 NW 132ND PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIMBLAS, MINERVA	
STREET ADDRESS	6000 E. 4TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	VALDIVIA, ROBERTO	
STREET ADDRESS	9221 SW 22ND TERR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	EDUARDO H. RIMBLAS
1.4 CITY-ST-ZIP	5920 E. 4th. Ave. Hialeah, FL 33013
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	RIGOBERTO VALDIVIA
2.4 CITY-ST-ZIP	9221 SW. 22nd. Terr. Miami, FL 33165
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	ALBERTO M. REYES
5.4 CITY-ST-ZIP	'9949'NW. 27th. Terr. Miami, FL33172
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VT
6.3 STREET ADDRESS	ROBERTO ALVAREZ
6.4 CITY-ST-ZIP	.323 E. 61st St. Hialeah, FL 33013

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address. 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 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 law; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alberto M. Reyes* **ALBERTO M. REYES 3-30-98 (305) 993-2150**

CR2E037 (10/97)