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Jun 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006708

1. Corporation Name
LA RAZA UNIDA CENTER, INC.

Principal Place of Business 2002 MLK BLVD. POMPANO BEACH FL 33069	Mailing Address 2002 MLK BLVD. POMPANO BEACH FL 33069
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/23/1998	4. FEI Number 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
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9. Name and Address of Current Registered Agent RENTERIA, JOSE G 2002 MLK BLVD. POMPANO BEACH FL 33069	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENTERIA, JOSE G	1.2 NAME	
STREET ADDRESS	2002 HAMMONDVILLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRE, JOSE	2.2 NAME	
STREET ADDRESS	231 NE 24TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBAJAL, MARIA	3.2 NAME	
STREET ADDRESS	2002 MLK BLVD. #A	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTEAGA, EVA R	4.2 NAME	
STREET ADDRESS	2002 MLK BLVD. #F	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, CIRILA	5.2 NAME	
STREET ADDRESS	2000 HAMMONDVILLE RD #D	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 6/9/99 968-1934
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)