

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002556

**FILED**  
**Apr 14, 2020**  
**Secretary of State**  
**7963657033CC**

**Entity Name:** ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL  
INC

**Current Principal Place of Business:**

1036 BARCELONA DR  
KISSIMMEE, FL 34741

**Current Mailing Address:**

PO BOX 452138  
KISSIMMEE, FL 34745 US

**FEI Number:** 26-2296852

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUCIANO, APOLINAR F  
136 BARCELONA DR  
KISSIMMEE, FL 34741 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** WAGNER JIMENEZ

04/14/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	LUCIANO, APOLINAR F	Name	RODRIGUEZ, ESTEBAN
Address	136 BARCELONA DR	Address	152 OAKWOOD DR
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34743
Title	VP	Title	TREA
Name	FERRERAS, YANIREZ	Name	LUCIANO, NAPOLEON A
Address	2156 CONTINENTAL STREET	Address	1545 W DONEGAN AVE APT G
City-State-Zip:	ST CLOUD FL 34769	City-State-Zip:	KISSIMMEE FL 34741
Title	SEC		
Name	GUZMAN, FATIMA		
Address	136 BARCELONA DR		
City-State-Zip:	KISSIMMEE FL 34741		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUCIANO, APOLINAR F

P

04/14/2020

Electronic Signature of Signing Officer/Director Detail

Date