

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729336 (8)
1. Corporation Name
LATIN-AMERICAN CLUB OF THE TREASURE COAST, INC.



Principal Place of Business
**2013 SW TRENTON LANE
P.O. BOX 9111
PORT SAINT LUCIE FL 34985
US**

Mailing Address
**P. O. BOX 9111
PT. ST. LUCIE FL 34985
US**

3. Date Incorporated or Qualified
04/11/1974

3a. Date of Last Report
01/31/1995

4. FEI Number
59-1602648

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

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

9. Name and Address of Current Registered Agent

**VELASQUEZ, RAFAEL
9040 ROYAL PALM BLVD.
APT. W-109
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name **RAFAEL VELASQUEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
7270 NW 60TH LANE

83

84 City **PARKLAND** FL 85 Zip Code **33067**

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DV	GUILLERMO, ROJAS	5220 STERLING CIR	STUART FL	
PD	VELASQUEZ, RAFAEL	9040 ROYAL PALM BLVD., APT. W-109	CORAL SPRINGS FL 33065	
DS	GUAYANA, OMAR	2013 SW TRENTON LANE	PT. ST. LUCIE FL	
DT	GEORGE GUAYANA	2013 SW TRENTON LANE	PT. ST. LUCIE FL 34985	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RAFAEL VELASQUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
Date

305-592-7428
Daytime Phone #

CR2E037 (12/95)