

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729336

1. Corporation Name

LATIN-AMERICAN CLUB OF THE TREASURE COAST, INC.

Principal Place of Business

2013 SW TRENTON LANE
P.O. BOX 3111
PORT SAINT LUCIE FL 34985
US

Mailing Address

P. O. BOX 9111
PT. ST. LUCIE FL 34985
US

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90104 010 *****8.75

04-26-1999 90104 011 *****61.25

04-26-1999 90104 012 *****5.00



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

04/11/1974

4. FEI Number

59-1502648

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

9. Name and Address of Current Registered Agent

GUAYANA, OMAR
2370 S.W. ARCHER RD
#70
GAINESVILLE FL 32608

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:

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

5 FEB 99

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **GUILLERMO, ROJAS**
STREET ADDRESS **5220 STERLING CIR**
CITY-ST-ZIP **STUART FL**

TITLE **DS** ☐ DELETE

NAME **VELASQUEZ, RAFAEL**
STREET ADDRESS **22030 20TH AVE S.E., STE 102**
CITY-ST-ZIP **BOTHEPO WA 98021**

TITLE **PD** ☐ DELETE

NAME **GUAYANA, OMAR**
STREET ADDRESS **2370 SW ARCHER RD, #70**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DT** ☐ DELETE

NAME **GEORGE GUAYANA**
STREET ADDRESS **2013 SW TRENTON LANE**
CITY-ST-ZIP **PT. ST. LUCIE FL 34985**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 2 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** **GUAYANA**

DATE

5 FEB 99

Daytime Phone #

CR2E037 (1/98)

0075107