

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 5-1-96 13-5516

DOCUMENT # 732036 (9)

1. Corporation Name

REAL ESTATE LATIN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 350158
MIAMI FL 33135-0158

P.O. BOX 350158
MIAMI FL 33135-0158

3. Date Incorporated or Qualified
03/03/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1656088

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUILERA, GUIDO A., ESQ.
815 PONCE DE LEON #200
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BOIG, ENNA RODRIGUEZ
STREET ADDRESS 7951 40TH ST SUITE 208
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME CADI, JOSE
STREET ADDRESS 8150 SW 8TH ST SUITE 217
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME DE MOLINA, MARIA GOMEZ
STREET ADDRESS 1221 BRICKELL AVE., STE. 1820
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME SEBASTIAN, JOAQUIN
STREET ADDRESS 1345 LINCOLN RD., STE. 903
CITY-ST-ZIP MIAMI BCH. FL

TITLE D ☐ DELETE
NAME DAIRE, ALBERTO
STREET ADDRESS 7175 SW 8TH ST., STE. 210
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME ESTEVAN, ERNESTO O
STREET ADDRESS 1140 W 50 ST SUITE 207
CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME RODRIGUEZ-ROIG, ENNA
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)