


FILE NOW: FILING FEE IS \$61.25

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Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 732036 (9)</b> 1. Corporation Name <b>REAL ESTATE LATIN ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 350158 MIAMI FL 33135-0158</b>			Mailing Address <b>P.O. BOX 350158 MIAMI FL 33135-0158</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>03/03/1975</b> 4. FEI Number <b>59-1656088</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AGUILERA, GUIDO A., ESQ. 815 PONCE DE LEON #200 CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ ROIG, ENNA</b>		1.2 NAME		
STREET ADDRESS	<b>7951 40TH ST SUITE 208</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CADI, JOSE</b>		2.2 NAME		
STREET ADDRESS	<b>8150 SW 8TH ST SUITE 217</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DE MOLINA, MARIA GOMEZ</b>		3.2 NAME		
STREET ADDRESS	<b>1221 BRICKELL AVE., STE. 1820</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SEBASTIAN, JOAQUIN</b>		4.2 NAME		
STREET ADDRESS	<b>1345 LINCOLN RD., STE. 903</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAIRE, ALBERTO</b>		5.2 NAME		
STREET ADDRESS	<b>7175 SW 8TH ST., STE. 210</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		5.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTEVEAN, ERNESTO O</b>		6.2 NAME		
STREET ADDRESS	<b>1140 W 50 ST SUITE 207</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>HALEAH FL</b>		6.4 CITY-ST-ZIP		

SIGNATURE:

*[Signature]*

6/25/98 559-1404

CR2E037 (10/97)