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May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732036

1. Corporation Name

REAL ESTATE LATIN ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 350158
MIAMI FL 33135-0158

Mailing Address

P.O. BOX 350158
MIAMI FL 33135-0158



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/03/1975
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1656088
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P JOSE CADI, PRESIDENTE <input type="checkbox"/> DELETE	1.1 TITLE	JULIO EGUSQUIZA, VICE-PRESIDENTE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2608 N.W. 97th AVE.	1.2 NAME	9960 BIRD ROAD
STREET ADDRESS	MIAMI, FLORIDA 33172	1.3 STREET ADDRESS	MIAMI, FLORIDA 33165
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CARLOS SALMAN, VICE-PRESIDENTE <input type="checkbox"/> DELETE	2.1 TITLE	JULIO PICHES, VICE-PRESIDENTE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1405 S.W. 107 AVE. # 301-B	2.2 NAME	7148 S.W. 8th ST.
STREET ADDRESS	MIAMI, FLORIDA 33174	2.3 STREET ADDRESS	MIAMI, FLORIDA 33144
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T DE MOLINA, MARIA GOMEZ -DIRECTORA <input type="checkbox"/> DELETE	3.1 TITLE	JOE BAZAN, VICE-PRESIDENTE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1221 BRICKELL AVE., STE. 1820	3.2 NAME	175 W. 49 ST.
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	HIALEAH, FLORIDA 33012
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SEBASTIAN, JOAQUIN --DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	ANTONIA C. JANE, DIRECTORA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1345 LINCOLN RD., STE. 903	4.2 NAME	6741 S.W. 24 ST. # 7.
STREET ADDRESS	MIAMI BCH. FL	4.3 STREET ADDRESS	MIAMI, FLORIDA 33155
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DAIRE, ALBERTO --DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	MICHAEL GOMEZ, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7175 SW 8TH ST., STE. 210	5.2 NAME	9110 S.W. 19 ST.
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	MIAMI, FLORIDA 33165
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ESTEVAN, ERNESTO O --TESORERO <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	1140 W 50 ST SUITE 207	6.2 NAME	
STREET ADDRESS	HIALEAH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature] **EXECUTIVE DIRECTOR** 4/30/99 (307) 226-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)