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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 745145**

1. Corporation Name

**SOCIEDAD LATINOAMERICANA DE CRIMINALISTICA, INC.**

Principal Place of Business

INC.  
230 S.W. 63RD COURT  
MIAMI FL 33144

Mailing Address

INC.  
230 S.W. 63RD COURT  
MIAMI FL 33144



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

**12/06/1978**

4. FEI Number

**NOT APPLICABLE**

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

**ARCANO, MARIO**  
**230 S.W. 63RD COURT**  
**MIAMI FL 33144**

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 Mario Arcano REGISTERED AGENT

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

(NOTE: Registered Agent signature required when reinstating)

FEB. 6/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ALMEIDA, IVAN  
STREET ADDRESS 11498Z S.W. 109 RD  
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE  
NAME ALFONSO, JUSTO  
STREET ADDRESS 275 NW 2 ST.  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE  
NAME SANCHEZ, CONSUELO  
STREET ADDRESS 1418 LENOX AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE  
NAME GONZALEZ, BRAULIO (2ND V  
STREET ADDRESS 767 NE 164 TERR  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD ☐ DELETE  
NAME ARCANO, MARIO  
STREET ADDRESS 230 S.W. 63RD COURT  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE  
NAME MARTIN, GUILLERMO J.  
STREET ADDRESS 4605 S W 133 COURT  
CITY-ST-ZIP MIAMI FL

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

SIGNATURE: Mario Arcano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6/1999

DATE

305-2669945

DAYTIME PHONE #

CR2E037 (1/98)