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 # 747528

LATVIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90056 043 ****61.25

| P.O. BOX 22-1955 HOLLYWOOD FL 33022 | | P.O. BOX 22-1955 HOLLYWOOD FL 33022 | | | | | | | | | | | | | |
|--|---|--|---------------------|-----------------------------------|----------------------|-----------|--|----------|-------------|--|--------------|----------------|-------------|----------------------|--|
| 2. Principal P | | | | | Date Inco 06/06/1 | | d or C | Qualifed | | | | | | | |
| 21 | | 26 | | | | | El Numi | | | | | - 1 | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 59-191 | | | | | | | plied For | |
| 22 27 City & State | | | | | | — | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3000 | | | | e o | | t Applicable | |
| City & Stat | е | City & State | | | | 5. (| Certifcate | of Stat | tus De | sired | | | Fee Re | Additional quired | |
| Zip | Country | Zip | Country | , | | 6 5 | Election (| :amnair | an Fin | ancing | , | | 5 00 | May Be | |
| 24 25 29 | | | 30 | | | 1 | rust Fur | | - | - | | | dded to | | |
| *** | 9. Name and Address of Currer | | | | | | | | | | egistere | | | | |
| | | | 81 | Na | ame | • | | | | | | | • | • | |
| REDZINS | | - | | (D. (| | | | | | | | | | | |
| BERZINS, LUDIS 1335 RODMAN ST | | | 82 | 82 Street Address (P.O. Box Numbe | | | | umberi | IS NOT | Ассеріа | Die) | | | | |
| | OOD FL 33019 | | 83 | | | | | | | | | | | • | |
| HOLLING | OD 1 L 33019 | | | | | | | | | : | + 1 | | - | <u> </u> | |
| | | | 84 | Cit | ty | | | | | | F | 85 | Zip C | ode . | |
| SIGNATURE | to the provisions of Sections 617.050 agistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age | int and title if applicable. (NOTE: | : Registered Ager | | | when rein | nstating) | | | · \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | DATE | | • | <u> </u> | |
| 12. | | ND DIRECTORS | 13. | | | AL | DOITION | S/CHAI | NGES | TO OF | ICERS A | | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | • • | | | | | ··□c | hange | Addition | |
| NAME | BERZINS, LUDIS | | 1.2 NAME | | 1 | | | | • . | 7 | | 7 | | | |
| STREET ADDRESS | 1335 RODMAN ST | | 1.3 STREE | T ADOF | RESS | | | | | | | | | • • | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 1.4 CITY-S | T-ZIP | | | | | | 2 | | | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | | | | | ٠, | | | □c | hange | ☐ Addition | |
| NAME | PAUZULIS, EMMA | | 2.2 NAME | | İ | • | | | | | | | | | |
| STREET ADDRESS | 450 SE 7TH ST | | 2.3 STREET | T ADDR | RESS | | | | | | | | • | - | |
| CITY-ST-ZIP | DANIA FL | | 2. 4 CITY-S | ST-ZIP | | | | - | . ´ - | ÷ +. | | - , <u>.</u> - | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | | | | | | | □c | hange : | ☐ Addition | |
| NAME | BRIEZE, MILDA | | 3.2 NAME | | | | | | | : 1 | | Š | | , | |
| STREET ADDRESS 4306 E TRADEWIND | | | 3.3 STREET | REET ADDRESS | | | | | | ٠. | | * 1 | | | |
| CITY-ST-ZIP | | | _ | 3.4. CITY- ST- ZIP | | | | | - : | | | | | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | | | | | | | | Πc | hange | ☐ Addition | |
| NAME | BRENDE, DZIDRA | | 4. 2 NAME | | | | | | | | | | | | |
| STREET ADDRESS | 134 ONE 27TH WAY | | 4.3 STREET | TADDR | ESS | | | | | • ' | | [*] | • • | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | 4.4 CITY-S | T-ZIP | | | | | | <i>.</i> , , | | | | | |
| TITLE | VM | ☐ DELÉTE | 5.1 TITLE | | | | | | | v | | ПC | hange | Addition | |
| NAME | HARTMANIS, ALFONS | | 5.2 NAME | | | | y | : | | | | | | - | |
| STREET ADDRESS | 117 SE 7TH AVE | | 5.3 STREET | | ESS | | | , | | | | | | | |
| CITY-ST-ZIP | BOYNTON BCH FL | | 5.4 CITY-S | T-ZIP | | | • | | | <u> </u> | | <u> </u> | <u> </u> | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | | | | : • | | | 100 | ÜΟ | hange | Addition | |
| NAME | VENTS, JANIS | | 6.2 NAME | | | | | | | | | | | | |
| STREET ADDRESS | 1427 E HILLSBORO BLVD | | 6.3 STREET | | RESS | | | | | | ٠ | | | | |
| CITY_ST_7IP | DEERFIELD BCH FL | | 6.4 C/TY-S' | T-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, of on an attachment with an address, with all other like empowered.