

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G66912 (8)

1. Corporation Name

PALM BEACH LATINO, INC.



Principal Place of Business

Mailing Address

**4325 GEORGIA AVE
WEST PALM BCH FL 33405
US**

**4325 GEORGIA AVE.
W PALM BCH FL 33405
US**

3. Date Incorporated or Qualified
10/28/1983

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

59-2341954

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

**LAVIN, MIGUEL
4325 GEORGIA AVE.
W. PALM BCH FL 33405**

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 607.0502 and 607.1508, 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 607.0505, 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

☐ DELETE

11 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
LAVIN, MIGUEL
1418 MICHIGAN DR.
LAKE WORTH FL**

12 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
LAVIN, DAYANELYS
1418 MICHIGAN DR.
LAKE WORTH FL**

13 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S
LETOURMEANT, VIOLETA
6108 S. DIXIE HWY
W PALM BCH FL 33405**

14 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
LAVIN, CAROLINA
6108 S. DIXIE HWY
W PALM BCH FL 33405**

15 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**S
JOSE A. LAVIN
9372 BAY DR
SURFSIDE, FL 33454**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**T
LAVIN, CAROLINA
9372 BAY DR
SURFSIDE, FL 33454**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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

6/30/94

**(561)
835-4913**

CR2E034 (3/96)