

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002906

1. Entity Name
**LATIN AMERICAN COOPERATIVE OF MULTIPLE
SERVICES COOPLASMU INC.**



Principal Place of Business
**10921 N.W. 26 AV
MIAMI, FL 33167**

Mailing Address
**10921 N.W. 26 AV
MIAMI, FL 33167**



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1148886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAUTISTA MORA, JUAN
10921 N.W. 26 AV
MIAMI, FL 33167**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BAUTISTA MORA, JUAN
10921 N.W. 26 AV
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ANDERSON, S. MORA
360 W. 19TH STREET
HIALEAH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CELSO, DURAN
1700 NW 112 TERRACE
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000297748
04/11/05-80039-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/05 (305) 769-2771