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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N08848 (6)

1. Corporation Name

LOS FLORIDANOS SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

1855 W. 60 ST. #410
%LUIS R GARCIA
HIALEAH FL 33012-7586

1855 W. 60 ST. #410
%LUIS R GARCIA
HIALEAH FL 33012-7586

3. Date Incorporated or Qualified
04/22/1985

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, LUIS R.
1855 W. 60 ST.
#410
HIALEAH FL 33012

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

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	PD	<input type="checkbox"/> DELETE
NAME	ESTRADA, MANUEL	
STREET ADDRESS	1241 E. 8TH AVE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARCIA, LUIS R.	
STREET ADDRESS	1855 W 60TH ST #410	
CITY - ST - ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOIZUETA, TERESA	
STREET ADDRESS	9717 SW 7TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTINEZ, FELICIA	
STREET ADDRESS	600 NW 132ND PL	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIMBLAS, MINERVA	
STREET ADDRESS	5920 E 4TH AVE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	VALDIVIA, RIGOBERTO	
STREET ADDRESS	8221 SW 22ND TERR	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Manuel Estrada* MANUEL ESTRADA, 03-24-97 (605) 888-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022989

CR2E037 (9/96)