


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08848** (6)

1. Corporation Name  
**LOS FLORIDANOS SOCIAL CLUB, INC.**

Principal Place of Business <b>1855 W. 60 ST., #410 %LUIS R GARCIA HIALEAH FL 33012-7586</b>	Mailing Address <b>1855 W. 60 ST., #410 %LUIS R GARCIA HIALEAH FL 33012-7586</b>
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3. Date Incorporated or Qualified  
**04/22/1985**

4. FEI Number  
**NOT APPLICABLE** ☒ Applied For ☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	<b>FL</b> 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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOTRADA, MANUEL</b>	1.2 NAME	<b>PD</b>
STREET ADDRESS	<b>1244 E. 8TH AVE</b>	1.3 STREET ADDRESS	<b>EDUARDO H. RIMBLAS</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	<b>5920 E. 4th. Ave.</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>Hialeah, FL 33013</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, LUIS R.</b>	2.2 NAME	<b>VP</b>
STREET ADDRESS	<b>1855 W. 60TH ST #410</b>	2.3 STREET ADDRESS	<b>RIGOBERTO VALDIVIA</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	<b>9221 SW. 22nd. Terr.</b>
TITLE	<b>SD</b>	3.1 TITLE	<b>Miami, FL 33165</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOIZUETA, TERESA</b>	3.2 NAME	
STREET ADDRESS	<b>9717 SW 7TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, FELICIA</b>	4.2 NAME	
STREET ADDRESS	<b>600 NW 132ND PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIMBLAS, MINERVA</b>	5.2 NAME	<b>TD</b>
STREET ADDRESS	<b>6000 E. 4TH AVE</b>	5.3 STREET ADDRESS	<b>ALBERTO M. REYES</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	<b>9949 NW. 27th. Terr.</b>
TITLE	<b>VT</b>	6.1 TITLE	<b>Miami, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDIVIA, ROBERTO</b>	6.2 NAME	<b>VT</b>
STREET ADDRESS	<b>9221 SW 22ND TERR</b>	6.3 STREET ADDRESS	<b>ROBERTO ALVAREZ</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>323 E. 61st St.</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address. 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 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 law; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alberto M. Reyes* **ALBERTO M. REYES 3-30-98 (305) 993-2150**

CR2E037 (1097)