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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N24548** **(2)**

1. Corporation Name

THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.

Principal Place of Business	Mailing Address
2355 SALZEDO ST. #203 C/O TONY WAGNER CORAL GABLES FL 33134	101 MAJORCA AVE. CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 05/27/1994
4. FEI Number: 65-0032373 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 101 MAJORCA AVE	26
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FLA	City & State 28
Zip / Country 24 33134 / 25 DADE	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAGNER, TONY 2355 SALZEDO ST., #203 CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 101 MAJORCA AVE 83 84 City: CORAL GABLES FL 65 Zip Code: 33134

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: Antonia Wagner — 4-30-95
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	D	1.1 TITLE	D/S	☑ Change ☐ Addition
NAME	WAGNER, TONY	1.2 NAME	WAGNER, TONY	
STREET ADDRESS	2355 SALZEDO STREET #202	1.3 STREET ADDRESS	101 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	DR. VICENT, JOSE	2.2 NAME	VIVIAN DIAZ	
STREET ADDRESS	627S. W. 27TH AVE.	2.3 STREET ADDRESS	1657 S.W. 136PL.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA 33175	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	VICH, ROBERTO	3.2 NAME	MIGUEL A. AGADIA	
STREET ADDRESS	2850 S.W. 139TH AVE.	3.3 STREET ADDRESS	287 NE. 96 st	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI SHORES, FLA 33138	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, BEATRIZ	4.2 NAME		
STREET ADDRESS	1440 MILAN AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Antonia Wagner — 4-30-95 — 305-441-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTONIA WAGNER

0007315