

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 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 # N24548 (2)**  
 1. Corporation Name  
**THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.**



Principal Place of Business 101 MAJORCA AVE C/O TONY WAGNER CORAL SPRINGS FL 33134 US	Mailing Address 101 MAJORCA AVE. CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified <b>01/28/1988</b>	
4. FEI Number <b>65-0032373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>CORAL GABLES, FL</b>	City & State 28 <b>CORAL GABLES, FLA</b>
Zip 24 <b>33134</b>	Country 25 <b>DA DE</b>
Zip 29 <b>33134</b>	Country 30 <b>DA DE</b>

9. Name and Address of Current Registered Agent  
**WAGNER, TONY**  
**101 MAJORCA AVE**  
**CORAL GABLES FL 33134**

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 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: *Antonio Wagner* DATE: **4-27-98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DS	<input type="checkbox"/>
NAME	WAGNER, TONY	
STREET ADDRESS	101 MAJORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	DIAZ, VIVIAN	
STREET ADDRESS	1657 SW 136TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ABADIA, MISUEL A	
STREET ADDRESS	287 NE 96TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	RAMIREZ, BEATRIZ	
STREET ADDRESS	1440 MILAN AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	TONY WAGNER		
1.3 STREET ADDRESS	101 MAJORCA AVE		
1.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RALPH DIAZ		
2.3 STREET ADDRESS	101 MAJORCA AVE		
2.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BEATRIZ RAMIREZ		
3.3 STREET ADDRESS	101 MAJORCA AVE		
3.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Antonio Wagner* DATE: **4-27-98** 308-448-6988

CR2E037 (10/97)