


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24548					
1. Corporation Name THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.					
Principal Place of Business 101 MAJORCA AVE C/O TONY WAGNER CORAL GABLES FL 33134 US			Mailing Address 101 MAJORCA AVE. CORAL GABLES FL 33134 US		

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90094 024 ****70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/28/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0032373	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WAGNER, TONY 101 MAJORCA AVE CORAL GABLES FL 33134				81 Name ANTONIO TONY I WAGNER	
				82 Street Address (P.O. Box Number is Not Acceptable) 101 MAJORCA AVE	
				83 CORAL GABLES, FLA.	
				84 City	
				FL 85 Zip Code 33134	
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 4-23-99	
12. OFFICERS AND DIRECTORS					
TITLE	POSTD	<input type="checkbox"/> DELETE			
NAME	WAGNER, TONY				
STREET ADDRESS	101 MAJORCA AVE				
CITY-ST-ZIP	CORAL GABLES FL 33134				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DIAZ, RALPH				
STREET ADDRESS	101 MAJORCA AVE				
CITY-ST-ZIP	CORAL GABLES FL 33134				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RAMIREZ, BEATRIZ				
STREET ADDRESS	101 MAJORCA AVE				
CITY-ST-ZIP	CORAL GABLES FL 33134				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		ELSA ARRELANDO			
1.2 NAME		18701 S.W. 13th Ave			
1.3 STREET ADDRESS		MIAMI, FLA 33177			
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Antonio Wagner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 305-448-6988
 Date Daytime Phone #

CR2E037 (11/98)