## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED D4 MAR 18 AM 10: 52 **DOCUMENT # N24548** THE LATIN QUARTER CULTURAL CENTER OF MIAMI, SECRETARY OF STATE FLORIDA INC. Principal Place of Business Mailing Address 1501 S.W. 8TH ST. 1501 S.W. 8TH ST. MIAMI, FL 33135 MIAMI, FL 33135 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 101 MAJORCA AVE CORAL GABLES, FL 33134 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSTD Delete ☐ Addition TITLE TITLE WAGNER, TONY WAGNER, NAME NAME STREET ADDRESS 101 MAJORCA AVE STREET ADDRESS ST 1501 SW CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP MIAMI, FL D ☐ Delete TITLE **K** Change TITLE ☐ Addition ARADIA, MISUEL A NAME ABADIA, MIGUEL NAME STREET ADDRESS STREET ADDRESS 625 BILTMORE WAY PHA 1501 SW CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-ZIP MIAML D Change ☐ Addition ☐ Delete TITLE TITLE SACHEZ, MARIA NAME DE VARONA, MARIA NAME SANCHEZ 01 5W 8 ST 33135 STREET ADDRESS 1501 SW 8 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ee attachment Change TITI F TITLE Delete NAME NAME additional directors STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

10.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

GNING OFFICER OR DIRECTOR NATURE AND TYPED OR PRINTED NAME OF

☐ Delete

☐ Addition

THE LATIN QUARTER CULTURAL CENTER, INC. N24548

## ADDITIONAL DIRECTORS:

Blazquez, Maria C. 1501 SW 8 St Miami, Fl 33135

Garcia, Robert C. 1501 SW 8 St Miami, Fl 33135

Ferandiz, George 1501 SW 8 St Miami, Fl 33135

Arellano, Elsa 1501 SW 8 St Miami, Fl 33135

Eljaiek, Santiago 1501 SW 8 St Miami, Fl 33135

## Law Offices RAÚL J. SÁNCHEZ DE VARONA, P.A.

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March 11, 2004

Via Airborne Express

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: The Latin Quarter Cultural Center, Inc.

Dear Sir or Madame:

Enclosed please find an Amended Annual Report for the referenced company and our firm's check in the amount of \$61.25 to cover the cost of the filing fees.

Mul L Sanchez de Varona