

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90068 028 ****70.00

DOCUMENT # N24548

1. Entity Name
THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.



Principal Place of Business
1501 S.W. 8TH ST.
MIAMI, FL 33135 US

Mailing Address
1501 S.W. 8TH ST.
MIAMI, FL 33135 US

50014872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005

Chg-NP

CR2E037 (10/03)

4. FEI Number

NOT APPLICABLE 65-0032374

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, ANTONIO
101 MAJORCA AVE
CORAL GABLES, FL 33134 Miami Florida 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Antonio Wagner

(NOTE: Registered Agent signature required when reappointing)

DATE

2/11/2005

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME WAGNER, ANTONIO
STREET ADDRESS 1501 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME ARADIA, MIGUEL A
STREET ADDRESS 1501 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☒ Change ☐ Addition
NAME Abadia, Miguel A.
STREET ADDRESS 1501 SW 8th Str.
CITY-ST-ZIP Miami Florida 33135

TITLE S ☐ Delete
NAME SANCHEZ DE VARONA, MARIA
STREET ADDRESS 1501 SW 8 STREET
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GARCIA, ROBERT C
STREET ADDRESS 1501 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FERANDIZ, GEORGE
STREET ADDRESS 1501 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☒ Change ☐ Addition
NAME Ferrandiz, George
STREET ADDRESS 1501 SW 8th Str.
CITY-ST-ZIP Miami Florida 33135

TITLE D ☐ Delete
NAME ARELLO, ELSA
STREET ADDRESS 1501 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☒ Change ☐ Addition
NAME Arellano, Elsa
STREET ADDRESS 1501 SW 8th Str.
CITY-ST-ZIP Miami, Florida 33135

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.

SIGNATURE:

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


2/11/2005

Date

305
649-9797

Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent WAGNER, ANTONIO 101 MAJORCA AVE CORAL GABLES, FL 33134	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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ATTACHMENT

500/4872



02112005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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