## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 14, 2005 8:00 am Secretary of State DOCUMENT # N24548 1. Entity Name THE LATIN QUARTER CULTURAL CENTER OF MIAMI, 02-14-2005 90068 028 \*\*\*\*70.00 Principal Place of Business Mailing Address 1501 S.W. 8TH ST. 1501 S.W. 8TH ST. 50014872 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02112005 Cha-NP CR2E037 (10/03) City & State 00 3237 Applied For Not Applicable City & State 4. FEI Number NOT APPLICABLE 65 Zip Country 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 WAGNER, ANTONIO 181-MAJORCA AVE 1501 SW 8th Street CORAL CABLES, FL 22134 Miami Florida 33135 Street Address (P.O. Box Number is Not Acceptable) City 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 DATE (NOTE: Registered Agent signsture required when renstating) 9. Election Campaign Financing : Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE ☐ Change Addition WAGNER, ANTONIO NAME NAME 1501 S.W. 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition Abadia, Miguel ARADIA, MIGUEL A NAME NAME STREET ADORESS 1501 S.W. 8TH ST. STREET ADDRESS 1501 SW CITY-ST-ZP MIAMI, FL 33135 CITY-ST-ZIP miami TITLE Delete TITLE Change ☐ Addition SANCHEZ DE VARONA, MARIA NAME NAME **1501 SW 8 STREET** STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GARCIA, ROBERT C MALES NAME STREET ADDRESS 1501 S.W. 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE Change Delete Addition Ferrandiz, George FERANDIZ, GEORGE NAME NAME 1501 SW STREET ADDRESS 1501 S.W. 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Detete \_\_\_\_ Change TITLE rellano. ■ Addition ARELLO, ELSA NAME NAME 1501 S.W. 8TH ST. . STREET ADDRESS STREET ADORESS DIY-ST-7P MIAMI, FL 33135 CITY-ST-ZIP 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.

FILED

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649-979

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DOCUMENT # N24548  1. Entity Name THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.							
					ATTACHMENT		
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 Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112005 Chg-NP	CR2E037 (10)	/03)	
City & State		City & State		1	4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Zip Country		Zip Country		untry	5. Certificate of Status Desired		5 Additional aquired
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of New	Registered Agent	
WAGNER, ANTONIO 101 MAJORCA AVE				Street Address (P.O. Box Number is Not Acceptable)			
	ABLES, FL 33134						
				City		FL Zig	p Code
	named entity submits this statement for	r the purpose of changing its	s registen	ed office or regist	ered agent, or both, in the State of F	Torida. I am familia	r with, and accept
SIGNATURE .	·		•				<u>-</u>
3,3,7,1,0,1,2	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Flegistere	ed Agent signature requi	red when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund				Make check pays orlda Department	of State
TO.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS 15	ijaiek, Santiac ol sw 8th str niami Florida	reet	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		LE B'	lazquez, Mor ioi sw &h s siami Florida	io C. 00 treet 33135	hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	☐ Delete	STR			C	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1 1			□ C	hange Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete				c	hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				c	change Addition
indicated of the co	certify that the information supplied wit on this report or supplemental report is reporation or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signa rt as requ	ature shall have th	ne same legal effect as if made unde	er oath; that I am an	officer or director
SIGNAT		PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	Date	Daytime F	Phone #