3-16-95 0 2225 MC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24686 (0)

1. Corporation Name
THE LATIN AMERICAN SOCIETY OF CENTRAL FLORIDA, I NC.

Principal Place of Business	Mailing Address
C/O ERVIN VILLANUEVA 113 CRESTVIEW COURT DAVENPORT FL 33837	C/O ERVIN VILLANUEVA 113 CRESTVIEW COURT DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2872096 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VILLANUEVA, ERVIN
113 CRESTVIEW CT.
DAVENPORT FL 33837

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☐ Change ☒ Addition
NAME	LOPEZ, MILLET	1.2 NAME	UNDA, LUIS F.
STREET ADDRESS	350 E ECHO ST	1.3 STREET ADDRESS	1207 LAKE LOOP
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D	2.1 TITLE	V ☐ Change ☒ Addition
NAME	PAGAN, LUIS	2.2 NAME	WEISS ERNIE
STREET ADDRESS	2747 GALE ROSE DR	2.3 STREET ADDRESS	1952 BISHOP GATE
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	VEGA, DANIEL P.	3.2 NAME	
STREET ADDRESS	2260 ELLIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	UNDA, BRISELLE	4.2 NAME	
STREET ADDRESS	1807 NOTTINGHAM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	~~P~~ D	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, EDNA	5.2 NAME	
STREET ADDRESS	1812 3RD ST. S.E., APT B	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ANGELO	6.2 NAME	
STREET ADDRESS	1542 FOX RIDGE RUN, SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Angelo Gonzalez 3/9/95 297 1479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057715